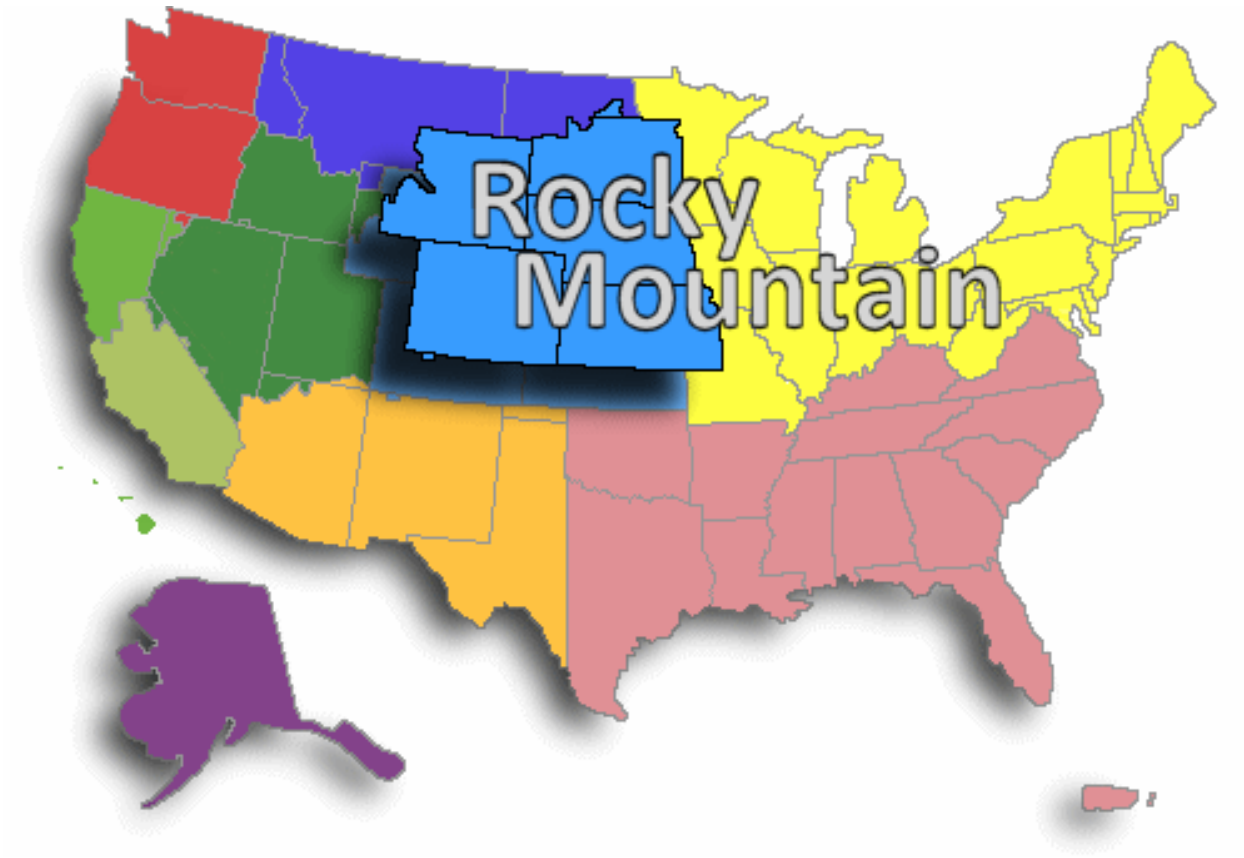
Wildland Fire Response Plan
COVID-19 Pandemic

Rocky Mountain Geographic Area

April 2020



1 PREFACE

This Wildland Fire Response Plan (WFRP) has been developed to provide guidance and considerations for maintaining continuity of wildland fire response in the presence of the COVID-19 pandemic for the 2020 fire year in the Rocky Mountain Geographic Area. The plan is intended to be a single point of reference and provide considerations for those tasked with management of wildland fires. These considerations include thoughts on planning needs, possible actions, and immediate needs to help wildland fire management agencies and organizations sustain, to the extent possible, the highest degree of resource availability while providing for the safety and protection of all wildland fire response personnel at all organizational levels.

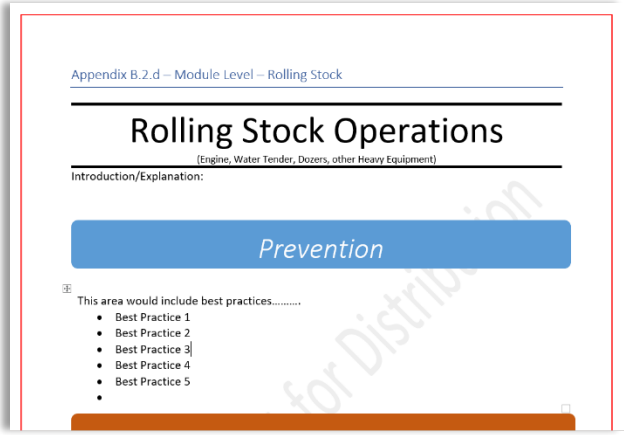
The WFRP is constructed for applicability at all levels. However, some of the information presented here may not have the same utility for all participating agencies and organizations. For example, many practices and protocols listed here for consideration may only be acceptable for use by federal agencies and not by state and local governments. In other cases, more specific practices and protocols may be developed and implemented at local levels.

NOTE: protocols, policies, direction, other guidance set forth by your agency or leadership, are your overarching standards and overshadow this WFRP, and should be strictly adhered to.

This WFRP is designed with two main sections:

"Strategic" and **"Tactical"**

Strategic information is intended for all levels of wildland fire response – from national level, geographic level, local level, to module level – there is applicable information for everyone in the Strategy portion of the document. Strategic information is found throughout the document but occurs primarily in the main body of the document on pages 7-23.


Appendix B.2.d – Module Level – Rolling Stock

Rolling Stock Operations

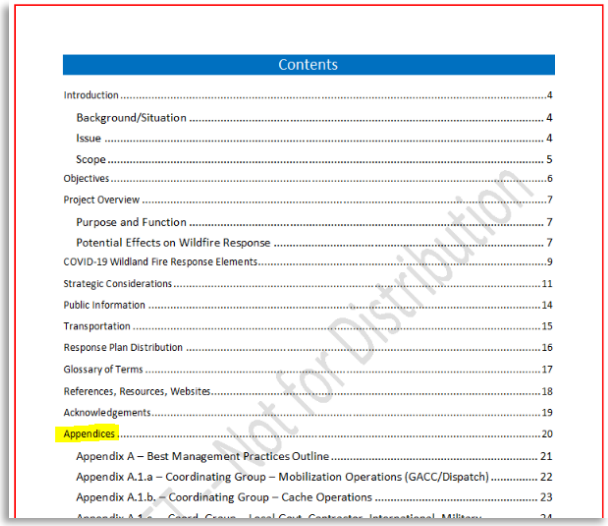
(Engine, Water Tender, Dozers, other Heavy Equipment)

Introduction/Explanation:

Prevention

This area would include best practices.....

- Best Practice 1
- Best Practice 2
- Best Practice 3
- Best Practice 4
- Best Practice 5


Contents

Tactical information is intended for local area fire managers, Incident Management Organizations, and the "boots on the ground" in the format of Best Management Practices (BMPs). The BMPs are found in Appendix B of the Document. The BMPs have been designed to be concise, to the point, easily understandable, and printable as stand-alone documents for use by the respective resource; very similar to an Engine Captain focusing their attention to the pertinent ICS-204 Division Assignment from an Incident Action Plan (IAP). Appendix A – *Best Practices Applicable to All Personnel* – is a companion to Appendix B and should be reviewed and referenced concurrently with Appendix B.

Readers are encouraged to review the entire document and to use the Contents page to assist with identifying information most applicable to their needs.

The WFRP was developed by Area Command Team 1 (Joe Stutler) in coordination with as many of the appropriate agencies, organizations, and individuals in this Geographic

Area as possible. The team worked directly with each Geographic Area's Coordinating Group Chair, all participating agencies and organizations, dispatch/coordination centers, and various local units. This comprehensive coordination enabled clear communication with all involved participants and fostered improved awareness and understanding of the purpose and intent of the WFRP. It also eliminated possible duplication of effort, ensured a coordinated effort and synchronization with other efforts in the GA, and promoted support and endorsement at all levels.

Record of Changes

The uncertainty associated with the COVID-19 pandemic and the ongoing development of standard protocols and practices, and other changes to existing standards for wildland fire response necessitates that this Wildland Fire Response Plan be a living document and subject to updates as new or more current information emerges. The following **Record of Changes** represents the process to log the dates, source of change, details of the modification, and the date that the modification was added/updated in the plan. This will be the single point source for documentation of WFRP version updates. The first version of this document was published on **April 10, 2020,** and all subsequent version changes are documented in the table below.

Date	Source	Change	Date Added to WRFP
4/10/20	**ACT1**	**ACT1 (Stutler) delivered competed. Rocky Mountain WFRP to RMCG Chair Brian Achziger**	**4/10/20**
04/13/20	**RMCG Chair**	**Updated Appendix D. Updated contacts to correct titles and agency.**	**04/13/20**

Contents

2 INTRODUCTION

2.1 Background/Situation

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Coronaviruses comprise an entire branch of the virus family tree that includes the disease-causing pathogens behind SARS, MERS and several variants of the common cold that infects humans. A new variant of this family has arisen over the last few months and has spread around the world. SARS-CoV-2 is the name of the virus that's spreading; COVID-19 is the disease it causes.

Information regarding current risk and threat of COVID-19 is updated continuously on the Centers for Disease Control and Prevention's (CDC) website.

2.2 Issue

Like other coronaviruses, the SARS-CoV-2 virus infiltrates the airways of its hosts. At worst, these pathogens cause severe forms of viral pneumonia, which in some cases leads to death. The vast majority of COVID-19 cases—about 80 percent—appear to be mild, causing a spate of cold-like symptoms like coughing, shortness of breath, and fever. Many people are suspected to carry the virus without presenting any symptoms. COVID-19's spread rate suggests the virus is more contagious than any of its predecessors, as well as most strains of the distantly related influenza virus.

According to the World Health Organization, individuals with underlying medical issues including respiratory and heart conditions, as well as smokers, are among those at highest risk. Despite some reports to the contrary, children can be infected, but appear less vulnerable.

The virus is capable of moving directly from person to person through droplets produced by coughs or sneezes that travel through the air to settle directly on skin or frequently touched surfaces, like doorknobs or cell phones. After a person is exposed, symptoms can take weeks to appear, if they do at all. Those who carry the virus without showing signs of illness can still spread the disease.

Projections have been made for significant numbers of individuals in America to become infected with COVID-19. The World Health Organization has declared the widely dispersed geographic spread of COVID-19 a pandemic. The President has declared a national emergency with numerous States also declaring states of emergency. Current mitigation measures have resulted in business closures, reductions in commercial travel, grocery supply shortages, and restrictions on all types of gatherings with even moderately small numbers of individuals.

Wildland fire response is just beginning to increase and move toward its peak activity, usually occurring later over the summer months. Advance planning is a necessary part of ongoing efforts to prepare for the potential impacts of this pandemic. It will be necessary to ensure that as fire activity increases and demands for firefighters and equipment expand, all steps have been taken to ensure the ability to sustain an effective wildfire response while ensuring the maximum safety of all personnel.

2.3 Scope

The National Area Command Teams (ACT) and one Geographic Area Type 2 Incident Management Team (IMT) in the United States were tasked by the National Multi-Agency Coordinating Group (NMAC) to coordinate with Federal, State, County, and Tribal officials to identify all issues related to the COVID-19 pandemic and wildland fire response in the United States. Their mission entailed direct work with all Geographic Areas (GA) in the US, Geographic Area Coordinating Groups (GACG's), Geographic Are Coordinating Centers (GACC's), the National Multi-Agency Coordinating Group, the National Interagency Fire Center (NIFC) External Affairs Staff and required development of Wildland Fire Response Plans (WFRP) for each of the ten Geographic Areas in the US. The teams did not independently prepare the plans but worked in concert with the Geographic Areas and all member agencies and organizations to ensure a coordinated plan development. Considerable input came from sources within the GA and this plan would not have been possible without that coordinated effort and comprehensive involvement.

These plans provide considerations for maintaining continuity of wildland fire response; sustaining, to the extent possible, the highest degree of resource availability; and ensuring safety and protection of all wildland fire response personnel at all levels in all areas in the Rocky Mountain Geographic Areas (RMA). Information in this plan is designed to provide considerations that help guide all wildland fire agencies and organizations in maintaining continuity in all aspects of wildland fire response at all levels (national, geographic, and local). Specifically, important are areas of initial attack, extended attack, and large fire response, as well as coordination and support functions (dispatch, cache, etc.). This plan outlines potential scenarios that may be encountered at all levels involved directly or indirectly in wildfire response, provides general strategies useful at national levels, general strategies and implementation considerations pertinent to geographic area/regional/state levels, and recommended best practices highly relevant at local levels and various functional areas of wildfire response activities during this pandemic.

This Wildland Fire Response Plan for the COVID-19 Pandemic for the **Rocky Mountain Geographic Area** is a living document and will be managed (continually reviewed and updated as appropriate) by the **Rocky Mountain Coordinating Group**.

3 OBJECTIVES

This Wildland Fire Response Plan for the COVID-19 Pandemic for the Rocky Mountain area was prepared with the following objectives:

- Identify issues that relate to the COVID-19 pandemic and wildland fire response. Liaise and identify these issues through coordination with Federal, State, County, and Tribal health officials.
- Develop Wildland Fire Response Plans that address wildfire response strategies considerations for implementation actions, and responsibilities of all involved participants from the point of mobilization to demobilization. This information is presented in a format useful for national level management groups, geographic area/regional/State level management groups, and local level operational units and functional staffs involved in response implantation. Specific response capabilities addressed in this plan include:
    - Maintaining continuity in response capability for:
        - initial attack,
        - extended attack/ complex fire management,
        - dispatch, support, and coordination
    - Identification and documentation of procedures to mitigate impacts due to potential exposure to COVID-19 during an incident.
    - Identify, define, and document protocols on how to manage potential COVID-19 exposure incidents for Initial and Extended Attack incidents.
    - Identify, define, and document protocols for Incident Management Teams (IMT) to mitigate COVID-19 exposure concerns and provide to IMTs, and all Units.
    - Identify, define, and document protocols for wildland fire response to areas with known exposure to COVID-19.
- Develop Wildland Fire Response Plans without contradicting any currently developed protocols by any Agency.
- Ensure that the Wildland Fire Response Plans are developed to promote interagency coordinated response to Wildland Fire Management in regard to COVID-19.

4 PROJECT OVERVIEW

4.1 Purpose and Function

Three Area Command Teams and one Type 2 Incident Management Team were mobilized with responsibility to develop COVID-19 Wildland Fire Response Plans for specific GA's. The respective assignments per team were:

- **ACT 1 Stutler**: Rocky Mountain, Northwest, Alaska
- **ACT 2 Sexton**: Southern Area, Great Basin, Northern Rockies
- **ACT 3 Jalbert**: Southwest, Southern/Northern California
- **Eastern Area T2 IMT Goldman**: Type 2 IMT worked under ACT 2 to develop a COVID-19 Wildland Fire Response Plan for the Eastern Area.

The four teams developed Wildland Fire Response Plans with the goal of coordinating with as many agencies, organizations, and individuals in each Geographic Area as practical. They worked directly with each Geographic Area's Coordinating Group Chair, various dispatch/coordination centers, and various local units. They also worked under direction and supervision of the NMAC, through a Team Coordinator (Joe Reinarz) and maintained frequent contact and communication through multiple daily briefings to the NMAC.

All plans were developed using a standardized template and process for national standardization; but development included attention and inclusion of all specific concerns for the Geographic Area covered by the plan.

The teams' coordination within each Geographic Area during development of the Plans enabled clear communication to all involved participants and vastly improved awareness and understanding of the purpose and intent of the Wildland Fire Response Plans. It also eliminated some, but not all, potential duplication of effort, ensured a coordinated effort, and ensured support and endorsement at all levels.

All of the four teams worked in this role as a support function, had no control responsibilities, and to the fullest extent possible, did not transfer additional work to any participating Geographic Area organizations.

4.2 Potential Effects on Wildfire Response

The rapid spread rate of COVID-19 indicates how highly contagious it is. Exposure of uninfected individuals to infected individuals triggers a near exponential spread and proliferation of the disease.

Wildland fire incident management activities create an ideal environment for the transmission of infectious diseases: high-density living and working conditions, lack of access to and use of soap and sanitizers, and a transient workforce. These and other environmental and occupational factors (e.g., smoke, heat, plants, insects, fungus, fatigue, and physically demanding work) can increase the likelihood of disease transmission. Often, fire camp situations cause rapid increases in the number of symptomatic fire personnel and suspected cases, resulting in an infectious disease outbreak on an incident. An outbreak is the occurrence of more cases than would normally be expected in a specific place or among a group of people over a given time period.

The wildland fire response system is unique regarding its structure, capability, and function compared to the first responder system throughout the country. Wildland fire response is initiated at the local level with a finite number of firefighting resources. Should these resources be unable to take care of all needs, additional resources are ordered from neighboring units and ultimately, additional resources can be mobilized from anywhere in the country. What makes this system unique is that no one base or location has enough backup resources to cover responsibilities during high fire activity periods. In the event of substantial personnel absences, even for a scenario of a small to moderate percentage of individuals becoming unavailable due to exposure to COVID-19, additional resources from other units and areas will be necessary. In the event of a high disease spread scenario with a high rate of infection, the associated loss of individuals from service will in even a moderately active fire season severely tax the ability to maintain an adequate wildfire response.

These Plans were prepared to define strategies to assess risks, develop recommendations for implementation actions, and identify immediate, mid-term, and long-term needs to ensure that continuity of wildfire response capability can be maintained across the country. Exposure prevention, exposure mitigation, equipment and facility maintenance and care along with strategies for ensuring resource availability are addressed in these plans.

Specific Rocky Mountain Area Concerns:

- There will be a need to pre-plan to have necessary items to practice personal hygiene and cleaning of PPE on hand prior to team arrival or to. Have a process to acquire these items pre-deployment to avoid delays once on-scene.
- Virtual working operations will necessitate greater personnel and equipment demands.
    - Pre-planning needs to be completed to address potential position shortages:
        - Incident Technology Support Specialists (ITSS).
        - Medical Unit leaders (MEDL)
        - Staging. Area Managers (STAM)
    - Pre-planning is needed to ensure that adequate support equipment is available and not being ordered after deployment.
        - Smart phones, tablets, computers, printers,
        - Answers on how to provide Information Technology (IT) support to those working virtually, especially non-federal cooperators – software, equipment, support, internet bandwidth.
- Plans need to be in place regarding how to return equipment after fires, sitting for up to five days to become decontaminated may be difficult to implement.
    - Additional transport vehicles may be needed.
    - More Drivers will be needed
- Processes for screening individuals coming off IA activities and transitioning to extended attack/complex incident management will need to clearly defined and understood.
- Plan and acquire the necessary equipment to compete screening activities on-site and assign to appropriate individuals/teams.

5 COVID-19 Wildland Fire Strategic Scenarios

Wildland fire response information and considerations are not presented in a discrete format. Since some information is more applicable from a management standpoint and useful by decision makers, strategic considerations for national and geographic area/state considerations are presented in the main body of the plan. Other information more useful and applicable to local level implementers and functional groups who may be on the first line of exposure to the disease, is presented in Appendices A and B as best management practices and is suitable for direct adoption and implementation.

During the course of the upcoming fire season, there are potential scenarios that may be encountered by all levels involved directly or indirectly in wildland fire response. These are shown in Figure 1. Information shown for these scenarios is applicable at all response levels and all organizational levels. This information illustrates strategic response considerations and actions employable at national, geographic area, State, and local levels.

Figure 1 shows five possible scenarios that could be encountered during wildfire response in the COVID-19 pandemic. The first involves the pre-exposure scenario where operations are functioning. Exposure in this chart and this plan is used in the context of being subjected to contact with the coronavirus responsible for COVID-19. Key strategic elements include prevention and containment. Prevention refers to the limiting of exposure to individuals while containment means to prevent the spread of this infectious disease beyond an individual or a small group that may have been infected to a broader group. The second scenario involves exposure with strategic elements of prevention, containment, and quarantine. Quarantine separates and restricts to movement of people who were exposed to COVID-19 to see if they become sick.

The third scenario involves one where fire response individuals have become infected. Strategic elements here include prevention, containment, treatment, management, and isolation. Isolation involves separating positive infected people from those who are not infected. The fourth scenario will include recovery with strategic elements of prevention, containment, treatment and management. The final scenario involves preparation for return to service following recovery from the disease.

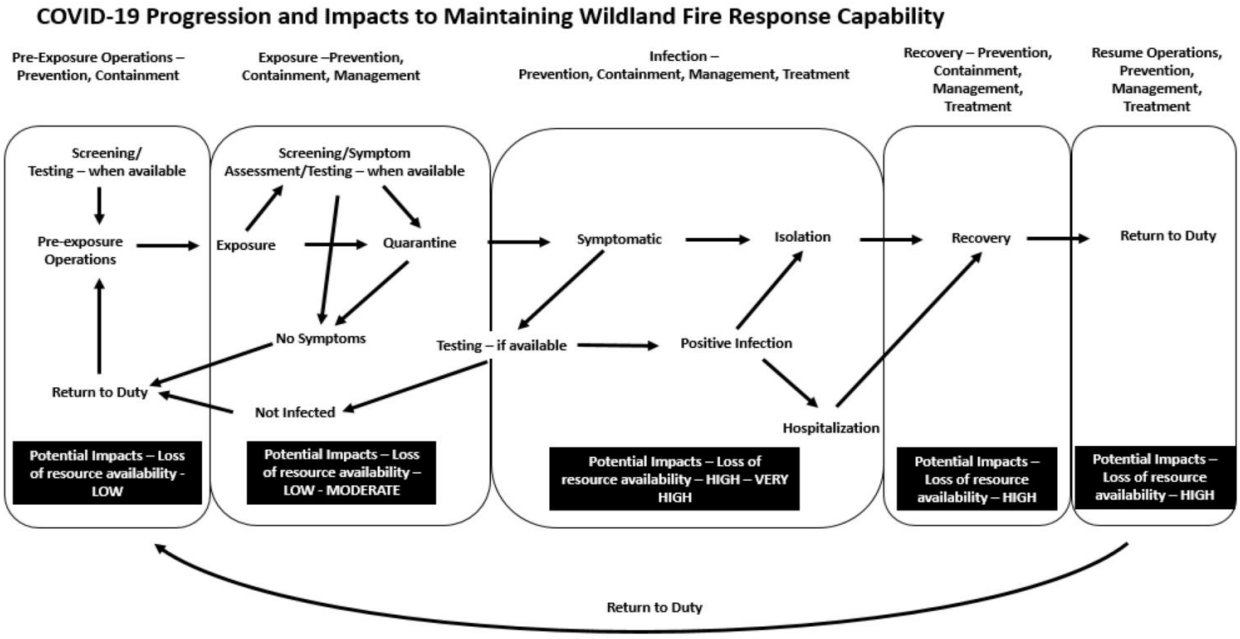


Figure 1: COVID-19 Wildlfire response operations, scenarios that may be encountered, and strategic planning elements for each.

Figure 2: COVID-19 Wildfire response operations, scenarios that may be encountered, and strategic planning elements for each.

Following *Figure 1* is a table that provides more detailed information regarding strategic issues, immediate needs, prevention/containment actions, and management/treatment actions. This table is by no means the complete authority on strategic responses to this disease but contains considerations useful at management levels. More specific information on these topics that is relevant to local level implementers and functional groups is provided in the Best Management Practice Section in Appendices A and B.

Table 1. Recommended management level issue points for COVID-19 wildfire response including basic strategies, immediate needs, avoidance/containment action considerations, and management/treatment action considerations.

Strategies	Immediate Needs	Prevention/Containment	Management/Treatment
• Develop long-term planning to mitigate and respond to COVID-19 spread to prevent the loss of wildland fire response capability, exposure of wildland fire resources to the disease, potential contamination of initial attack resources by exposed individuals • Ensure that all personnel are cared for in the safest possible manner and subjected to avoidance, containment, management, and treatment as needed. Incorporate social distancing standards into day-to-day operations. • Maintain functioning wildland fire response operations from bases with regular crews.	• Definition of new protocols/standards for personal hygiene and clothes laundry. • Definition of processes for equipment sterilization. • Acquisition of necessary equipment and/or support to sterilize equipment. • Obtain additional hand washing stations as needed. • Contingency planning if not covered by existing COOP's, o Designation of 1st, 2nd and 3rd alternate bases o Designation of 1st, 2nd, and 3rd alternate staffing units. • Obtain level B or Splash protective suits for use in disinfecting equipment as needed. • Determination of availability and acquisition of disease testing kits. • Determination of proper responsibility for testing exposed personnel. • Determination of process and appropriate products to use for decontamination of equipment with special reference to hand tools, vehicles, aircraft, computers, radios, pumps and chain saws, etc. • Determination of protocols for isolation and removal from active duty and locations.	• Close operating base to the public and all non-essential personnel. • Provide recommended social distancing guidelines. • Practice personal hygiene. • Screen all personnel when entering base area, before starting work – check temperature, check for overall feeling, check for coughing, and other symptoms. • Configure and set up testing capability for firefighters at local unit or local health facilities, when it becomes available. • Prioritize firefighters for testing and vaccine (if one is developed)? • Enhance personal hygiene. • Isolate firefighters as much as possible. • Daily equipment sterilization, decontamination – regular basis. • PPE laundry – regular basis • Develop a plan for prioritizing fires for response, especially if COVID-19 spread is high and fire season activity is high. • Plan for shifts in wildfire response strategy, ranging from highly prioritized IA to limit numbers to reducing overall firefighter exposure by prioritizing responses.	• Determination of protocols for sending exposed individual home or to medical facilities. • Determination of Quarantine protocols in conjunction with local, county, and State officials. • Determine Quarantine oversight responsibility. • Determination of protocols to determine when individuals are available to return to active duty.

6 STRATEGIC CONSIDERATIONS

Specific recommended management considerations for Multi-Agency Coordinating Groups (MAC) at the national, geographic area, and sub-geographic area are provided in this section, but some of this information will not have the same utility for all participating agencies and organizations. Some of the practices and protocols listed here for consideration may only be acceptable for use by federal agencies and not by State and local governments. In other cases, more specific practices and protocols may be developed and implemented at local levels. Strategic considerations of importance include, but are not limited to the following points:

6.1 MAC Strategic Considerations

Fire Personnel Readiness

Consider:

- ✓ Managing qualifications and training by delaying, virtualizing, expanding focus to COVID-19, adding flexibility/waivers, and using no shared housing
- ✓ Expanded Prevention activities: expand public information campaigns and closures and consider virtual opportunities
- ✓ Preparedness planning: Pre-identification of potential control locations for aggressive response
- ✓ Expanded use of emerging technology: leverage remote operations, briefings, sensing and surveillance
- ✓ Rapid contracting and focus on specific needs: explore opportunities for greater use of MRE's, medical equipment, PPE, remote sensing
- ✓ Increasing and maintaining response capacity:
  - Seek additional aviation resources and local surge capacity
  - Maximize use of permanent resources
  - Employee support for emotional well-being
- ✓ Situational awareness tracking: build tracking systems for situational awareness on firefighter exposure and infections
- ✓ Practice self-quarantine: priority functions (dispatch, pilots, IMT C&G) limit exposure
- ✓ Practice social distancing
- ✓ Practice personal hygiene
- ✓ Maintain continual PPE laundry – regular basis
- ✓ Monitor personnel for symptoms
- ✓ Test personnel when available

Modifying Strategies, Tactics, and Logistics

Consider:

- ✓ Strategy and Tactics
  - Adapting existing wildfire response plans to include additional response options that address the new fire environment in relationship to COVID-19.
  - Pursuing opportunities for monitoring of low risk fires
  - Expanding the range of strategies and preparing for more discriminate use of resources, especially for fires that occur in high risk areas.
  - Exploring opportunities for managed fire, more indirect attack, focused use of heavy equipment, and designation of management action points using natural barriers.

- Planning for the potential for increased smoke loads to communities and plan and implement early warning/communication for likely events
- Utilizing suppression strategies that will minimize assigned personnel and incident duration.
- Implement swift initial response to minimize possibility of large fire occurrence, but do not employ higher risk tactics to keep fires small.
- Within agency protocols and to the degree possible, augment fire response resources with non-fire staff to help sustain fire response capability.
- Consider opportunities for application of aviation and mechanized assets to reduce assigned personnel.
- More focused prioritization to maximize resource availability
  - Prioritize initial attack and focused use of aviation assets
  - Initial attack in local areas only
  - Extended Attack/Complex Fire Management:
  - Expand large fire prioritization processes
    - Define and utilize a large fire triage process
  - Emphasize containment strategies and evaluate magnitude and duration of mop up to aid in minimizing assignment and potential exposure time.
- Implementing opportunities to host non-local IA severity resources to minimize potential COVID-19 transmission.
- Expanding use of Decision Support Centers in all GACC's
- Utilizing Predictive Services and professional judgement to balance assigned resources and incident duration.
- Preparing and implementing virtual incident management by IMT's - GA's consider conducting simulated virtual IMT incident management prior to most active fire season periods
  - Identify and obtain necessary technology
  - Define IMT sections/personnel that can complete work virtually and what minimum requirements are for managing incidents safely
- More closely evaluating large fire response to ensure best practices for prioritization are used, especially where life is imminently threatened.
- Altering catering/shower/washing stations in camps
- Expanding medical support in camps
- Modular isolation in camps
- Two-way isolation: closed camps with security, no leaving camp to travel into communities

✓ Using an increased number of vehicles during crew transports if possible, to allow more separation with each vehicle.

✓ Carrying extra PPE items by multiple personnel

✓ Following recommended guidelines for disinfecting fire equipment on a regular basis

Drawdown Projections and Contingency Opportunities

Consider:

✓ Determining opportunities to obtain international assistance and if so:
- Identify sources of additional resources
- Identify potential amounts of resources needed at escalating preparedness levels
- Consider early use and consul of Australian fire managers involved in 2019-2020 Australian fire season response with limited and declining resource numbers
- Pre-plan any international agreements, waivers, funding, and other administrative requirements and have them complete by start of active fire seasons

- ✓ Recommend that local units prepare contingency plans for resource drawdown during fire seasons.
  - Consider existing staffing and action guides and existing dispatching run cards and guidelines and how they will be affected by a 10, 30, or 50% reduction in strength of force of wildland firefighting and management resources
  - Identify options available during drawdown periods
  - Consider base closing and/or consolidation
- ✓ NMAC and GMAC consider possible adjustments in resource drawdown as fire season progresses.
- ✓ Increasing Rocky Mountain Tactical Group/Fire Operations Officer coordination calls to actively track impacts to RMA resource availability and off unit restrictions due to COVID-19.

Leveraging Best Available Information Management and Technology:

Consider:

- ✓ Communication**:**
  - Expanded use of technology and local networks for remote/virtual community meetings and updates
  - Expand and focus communications by developing COVID-19 communications tool kit and strategies for two-way virtual communications with communities
- ✓ Technology**:**
  - Prepare for more remote operations, briefings, sensing, and surveillance.
  - Identify technology needs, costs, and proactively implement actions
  - Pursue increased use of UAS (seek waivers)
  - Use broadband channels to reach affected communities
  - Greater use of UAS platforms
  - Expedite contracting of UAS equipment

6.2 Public Information

Consider national and geographic direction on Information releases regarding COVID-19 specific issues at wildland fire incidents managed by IMT's (type 1-3). All releases must be consistent and follow the Delegation of Authority the team is working under. Local unit(s) who delegated the incident to the team approve all releases of information. Local unit Public Affairs offices will maintain close contact with Rocky Mountain Area, National and Department Office directives and be able to guide Public Information Officers (PIO) on what can/cannot be released.

Many remote communities are not well served by virtual information dissemination and social media in general. Agencies have traditionally relied on community meetings and staffed information boards to allow personal dialogue in these impacted communities. This plan foresees that in almost every case, these tools are no longer available to PIOs in areas impacted by COVID-19. These communities should be identified and be briefed in advance of fire season to manage expectations and explore alternatives.

The PIO BMP in Appendix B provides new and existing information dissemination methods to maximize social distancing. Host units should evaluate and update contact lists and e-trap lines in advance and provide to team PIOs within in-briefing packages. In addition, that BMP provides more detailed information regarding the Best Practices for the Information function.

6.3 Transportation

The focus of this document is to identify the various modes of transportation available to transport resources to an on-going incident from within the geographic area or nationally, while considering the potential impacts of COVID-19 exposure and infection associated with each mode. While in travel status, refer to the Travel BMP. See Appendix E.

6.4 Cooperator Response

- ✓ Determine opportunities for use of military resources
  - Identify how military resources can be used and augment existing firefighting resources
  - Identify accelerated training capabilities to advance readiness earlier in fire season
- ✓ Consider all opportunities for staffing MAC functions remotely
- ✓ Consider ways to reduce span of control in multiple large fire situations
- ✓ Consider MAC level management of work-rest for national resources in short supply
- ✓ Work with cooperators, partners, and stakeholders to review existing Agreements and associated Operating Plans to identify any areas where preseason agreements and decisions are affected given the current COVID-19 changed conditions. Ensure any identified limitations are well known and communicated to all levels of fire personnel including field level responders

6.5 Contract Services

- ✓ Maximize opportunities to use the private wildland fire service.
  - Make optimum use of contracted suppression resources. These resources have been a main source of additional capacity for initial attack, extended attack and complex incident management within the Pacific Northwest and other geographic areas.
  - Implement recommendations in the Appendices of this WFRP for private wildland fire service resources to ensure continued support to all agencies.
  - Flexibility in contract specifications, travel exemptions, and access to incident services should be considered.
    - Increase flexibility in contract specifications requiring specific personnel numbers. This would support the “module as one” concept in Best Management Practices of the WFRP. A particular resource that falls below the required number can still be effective, avoids the backfill of personnel, and reduces the probability of increased exposure to COVID-19. Using an option of 10-person hand crew modules could reduce personnel exposure while providing the right size resource to support Initial Attack/Extended Attack operations.
    - Allow contract resources access to incident services equal to Agency personnel. Maintaining closed camps, spike camps and business closures due to the pandemic limit contract resources ability to obtain critical supply and support on the open market.
    - Grant private wildland fire service fire suppression resources and logistical support services, emergency responder status and exemption from travel restrictions and quarantine rules that vary across the states.

7 Response Plan Distribution

This plan will be handed off to the Rocky Mountain Geographic Coordinating Group, to be further distributed to:

- Coordination Centers
- Dispatch Offices
- Agency Administrators
- Fire Staff
- Incident Management Teams
- All levels of firefighting resources

8 GLOSSARY OF TERMS

Active monitoring: Refers to when the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occur at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Afebrile: Not feverish

Asymptomatic: not showing any signs of having the disease.

Close contact:

- being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or,
- having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed upon)

Conditional release: a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

Cluster: an aggregation of disease cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known.

Confirmed novel coronavirus infection: Until testing is available confirmed is defined as the person has a temperature of over 100.4, is short of breath, has a cough, and has a general feeling of fatigue.

Congregate settings: crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.

Containment: A public health strategy in which officials aim to prevent the spread of an infectious disease beyond a small group of people to the broader community. Containment actions include restricting travel from affected regions, identifying infected people and tracking down everyone they live with or have spent time with (**contact tracing**), and asking those who have been exposed to the virus to stay at home for a period of time.

Controlled travel: exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

COVID-19: The name of the disease caused by the novel coronavirus, SARS-CoV-2, and is short for "Coronavirus

Coronavirus: A family of viruses that cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus recently discovered has been named SARS-CoV-2 and it causes COVID-19. Source: WHO

Drive through testing: Individuals remain in their vehicles, and medical staff in protective gear come to administer the swab test and the swabs are sent to a laboratory for testing.

e-iSUITE: a software program used to manage incident resources. The e-ISuite system is a web browser (e.g. Internet Explorer) enabled application for use at the Incident Command Post (ICP) and in agency offices to manage emergency incidents and planned events. No software licenses are required to use e-ISuite. A web browser is all each user will need to run the application. The e-iSuite Enterprise System is hosted on the USFS Fire and Aviation Management National Enterprise Support System (NESS) General Support System (GSS) at the National Information Technology Center (NITC), Kansas City, MO and will support all incidents at an enterprise level.

Endemic: the constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographic area.

Epidemic: An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. Source: CDC

Essential activities:

- Tasks essential to main health and safety, such as obtaining medicine or seeing a doctor.
- Getting necessary services or supplies for themselves or their family or household members, such as getting food and supplies, pet food, and getting supplies necessary for staying at home.
- Engaging in outdoor activity, such as walking, hiking or running provided that you maintain at least six feet of social distancing.
- Performing work providing essential services at an Essential Business or Essential Government function.
- Caring for a family member in another household.
- Caring for elderly, minors, dependents, person with disabilities, or other vulnerable persons
- Essential businesses:
    - Healthcare operations, including home health workers.
    - Essential Infrastructure, including construction of housing and operation of public transportation and utilities.
    - Grocery stores, farmers' markets, food banks, convenience stores.
    - Businesses that provide necessities of life for economically disadvantaged individuals and shelter facilities.
    - Pharmacies, health care supply stores, and health care facilities.
    - Gas stations and auto repair facilities.
    - Banks.
    - Garbage collection.
    - Hardware stores, plumbers, electricians, and other service providers necessary to maintain the safety, sanitation, and essential operation of residences and other essential businesses.
    - Shipping and mailing businesses.
    - Educational institutions, for the purposes of facilitating distance learning.
    - Laundromats, dry cleaners, and laundry service providers.

- Businesses that ship or deliver groceries, food, and goods directly to residences.
- Childcare facilities providing services that enable essential employees to go to work.
- Restaurants for delivery and take-out only.
- Businesses that supply people with items required to work from home, or businesses that supply essential businesses with necessary supplies.
- Airlines, taxis, and private transportation services.
- Home-based and residential care for seniors, adults and kids.
- Legal and accounting services that keep businesses in compliance.
- Childcare facilities, with certain stipulations, like only having groups of 12 kids together at a time.
- Roles required for any Essential Business to "maintain basic operations," which include security, payroll, and similar activities
- Other activities may be identified – refer to local news sources.

Exposure: Contact with someone infected with the coronavirus responsible for COVID-19.

Facemask: A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks do not seal tightly to the wearer's face, do not require fit testing, but do not provide the wearer with a reliable level of protection from inhaling smaller airborne particles (not suitable for close contact with a known or suspected COVID-19 infection).

Flattening the curve: Slowing a virus' spread to reduce the peak number of cases and related demands on hospitals and infrastructure (Source: CDC).

Home isolation: Persons with COVID-19 who have symptoms or laboratory-confirmed COVID-19 who have been directed to stay at home until they are recovered.
(Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

Incubation period: The length of time between when an infection begins and when there are apparent signs of the disease. Most indications give the coronavirus an incubation period of 2-14 days with symptoms most commonly showing at about 5 days after infection (World Health Organization).

Isolation: Separating sick people with a contagious disease from those who are not sick. Source: CDC.

IWI: common acronym describing an "Incident within an incident", e.g. a vehicle accident on wildfire, an expected COVID-19 case on the fireline, etc. Protocols for IWI should be predetermined and understood by all incident managers.

Mitigation: Slowing the spread - taking measures to cause the rate of increase of the number of cases to be slowed to low levels.

"Module as One": a concept that includes minimizing exposure by not mixing personnel, e.g., same personnel assigned together for entire season, on same schedule, to same vehicle, on same assignments, in same camp, etc.

N95 respirator (face mask): Personal protective equipment that is used to protect the wearer from airborne particles and from liquid contaminating the face
(Source: https://www.thoracic.org/patients/patient-resources/resources/disposable-respirators.pdf)

Outbreak: carries the same definition of epidemic but is often used for a more limited geographic area.

Pandemic: An epidemic that has spread over several countries/continents, usually affecting a large number of people. Source: CDC

Public health orders: legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

Quarantine: in contrast to isolation, quarantine applies to people who have been exposed and may become infected but are not yet infected. In these cases, the people exposed (or potentially exposed) are separated and have restricted movement imposed. Source: CDC

SARS-CoV-2: The name of the novel coronavirus that causes COVID-19 disease. Source: World Health Organization **WHO**

Self-monitoring: people monitoring themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-observation: refers to people remaining alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-quarantine: Staying home and away from other people as much as possible after exposure.

Shelter in place: All residents must remain at their place of residence, except to conduct essential activities, essential businesses, and essential government functions.

Social distancing: Measures taken to reduce person-to-person contact in a given community, with a goal to stop or slow down the spread of a contagious disease. Measures can include working from home, closing offices and schools, canceling events, and avoiding public transportation.

Suppression: Where the rate of increase of the number of cases has been slowed to low levels and is maintained for a period of time, potentially up to 18 months.

Symptom: A sign or indication that someone has a disease.

Symptomatic: Showing signs of the disease like fever, cough, and shortness of breath.

Vaccine: a biological preparation that provides active acquired immunity to a particular disease.

9 REFERENCES, RESOURCES, WEBSITES

During the emergence of the COVID-19 pandemic, related information of all types has been continuously emerging and will likely continue far after completion of the first version of this WFRP. Many references have become available that provide useful information, and these are being continually updated in an effort to disseminate the best available information regarding this national emergency.

References, resources, and websites have been the principal sources of information useful in the development of this plan. All references have been documented, but the list continues to grow in length and has become too long for inclusion here. As a result, in lieu of providing a comprehensive list in this document, all references have been logged into a central storehouse that can be accessed through the link listed below.

This reference storehouse consists of a master list of all references, resources, and websites in the form of an Excel spreadsheet, with tabs along the bottom that allow for rapid sorting of the references by topic. Topics available for sorting include the following: by document name, web references, all sections, dispatch, fire response, information, liaisons, logistics, medical response, plans, quarantine, transportation, and virtual operations. In addition, the “by document name” and “web references” tabs are organized alphabetically and include a formatted Reference List entry for each work.

This storehouse will be located at the National Interagency Fire Center (NIFC) in Boise, ID for as long as wildland fire response is impacted by the COVID-19 pandemic.

The link to this information is:

To be added when set up

10 APPENDICES

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Appendix A – All Fire Personnel Best Practices for COVID-19

General Information

- Follow the most current direction from the Center of Disease Control and local health authority, which currently provides the following: Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to COVID-19 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic. Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work.)
- Ryan White HIV/AIDS Treatment Extensions Act (2009) has been expanded to include COVID-19. The Act (Part G) provides Emergency response employees (EREs) with notification (normally a violation of the Health Insurance Portability and Accountability Act (HIPAA) regulations) when they are at risk of exposure to potentially life-threatening infectious diseases through contact with victims during emergencies. Knowing this information allows EREs the opportunity to seek timely medical care, and to make informed decisions about addressing potential health issues arising from their exposures. Health/medical personnel may be unaware of this provision and reluctant to provide information due to HIPAA regulations.
- We now know from **recent studies** that a significant portion of individuals with coronavirus lack symptoms ("asymptomatic") and that even those who eventually develop symptoms ("pre-symptomatic") can transmit the virus to others before showing symptoms. CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.
  -

Best Practices

- Practice social distancing
  - Avoid physical contact with co-workers and the public; maintain a 6' spacing.
  - Assign vehicles to firefighters and avoid cross-over of employees and belongings.
  - Discourage shared use of phones, radios, or other work tools and equipment.
  - Conduct group meetings virtually (such as zoom/teleconference/etc.) or limit groups to numbers in compliance with local and/or Statewide health authority direction.
  - Limit access to facilities for all non-fire personnel.
  - Require personnel to keep a log of close contact and submit to supervisors daily.
  - Wear a facemask, bandana, or other suitable cloth covering when social distancing is compromised (vehicles, briefings, etc.).

- Face Coverings
  - As of April 3, 2020, CDC has updated its recommendation on the use of cloth face coverings to help slow the spread of COVID-19. **Face coverings**
  - Voluntary use of cloth face coverings is now recommended for use in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission.

- Face coverings should be maintained in a sanitary manner and should not be distracting or offensive to others.
- Face coverings should fit snugly but comfortably against the side of the face; be secured with ties or ear loops, include multiple layers of fabric; allow for breathing without restriction; and be able to be laundered and machine dried without damage or change to shape.

➢ Practice personal hygiene
- Wash hands frequently for at least 20 seconds, with soap, after coughing or sneezing, when hands are visibly dirty, or after touching common surfaces (doorknobs, desktops, etc.).
- Provide handwashing stations near frequently entered facilities.
- Use hand sanitizer when getting in and out of vehicles and after fueling.
- Do not touch eyes, nose, mouth with gloved or unwashed hands.
- Cover nose and mouth when coughing or sneezing. If using a tissue, immediately dispose the tissue and wash or sanitize hands.

➢ PPE laundry – regular basis
- Wear clean clothing/PPE every day when not on assignment.
- Wipe down all non-laundered apparel (shoes, wristwatches, jewelry, etc.), with disinfectant.

➢ Workplace/equipment/cleaning procedures
- Develop routine daily cleaning procedures for vehicles and other equipment.
- Designate a trained employee to supervise daily cleaning procedures.
- Ventilate vehicles during and after transport.
- Clean all "high-touch" surfaces every day.
- Follow CDC and local protocols to mitigate contact with bodily fluids, including the cleaning or disposal of PPE and equipment. **EPA approved cleaning supplies**
- Use disposable paper towels and approved cleaning solution, or wipes for cleaning; Wipes – not sprays – are recommended to avoid aerosolizing the virus on contact.
- Thoroughly wet surfaces cleaning solution and air dry; do not actively dry surfaces.
- Wash hands thoroughly after cleaning equipment, surfaces, etc.

➢ Other steps to reduce personal risk
- Eat smaller, more frequent meals that include fruits and vegetables to maintain blood sugar and support immune system.
- Consume appropriate calories to support activity levels and regular body function.
- Stay hydrated, drink water at regular intervals throughout the day.
- Avoid stimulants near bedtime.
- Provide a sleep environment that promotes sleep quality, comfort, cool temperatures, and low noise.

➢ Work under the "Module as One" concept
- Minimize exposure by not mixing personnel, e.g., same personnel assigned together for entire season, on same schedule, to same vehicle, on same assignments, in same camp, etc.

➢ Symptom monitoring
- General symptoms include fever (100.4), cough, shortness of breath, and may also include fatigue, sore throat, aches, and runny nose.

- Monitor firefighter temperature and watch for symptoms. Provide infrared thermometers to supervisors.
- Isolate and test employees if showing symptoms.
- Require all employees to self-monitor; follow "**Am I Fit**" Checklist".
- Develop a contact plan that includes a medical evaluation for off-duty personnel that develop symptoms.
- Monitor employees for symptoms for a 14-day period following a suspected contact or exposure. Follow up with suspected exposure source. Have person tested and, if negative, allow all personnel that had a close contact return to duty.
- If an employee feels ill, isolate and return to residence, or other designated area.
- Develop and/or designate facilities for isolating symptomatic employees.
- Use appropriate PPE and social distancing protocols before entering the environment of someone with respiratory symptoms.

➢ Testing
- Use approved and recommended testing procedures and guidelines.
- Ensure personnel receive further medical attention as soon as symptoms appear.

➢ Positive infection
- Isolate and evacuate to a pre-determined site or hospitalize (as conditions warrant).
- Review contact log and follow-up appropriately.
- Require appropriate PPE for all interaction with infected individuals.
- Transport of infected individuals should be via qualified EMS personnel or fire personnel in full PPE recommended for protection from COVID-19 by federal, state, and local health authorities.
- Notify immediate supervisor of the situation.
- Follow local agency and cooperator guidelines for notification procedures.
- Institute a text alert system to notify firefighters who have had possible contact with an infected person.
- Require personnel to keep a log of close contact and submit to supervisors daily.
- Sanitize equipment, including vehicles, used by infected individuals.

➢ Return to service following recovery, do not assume the individual is immune from the virus, continue to follow all protocols.

➢ Follow local health authority or attending physician's guidelines for recovery (generally 14 days from the onset of symptoms), returning to service employees will continue to follow all guidelines.

➢ Contingency planning
- Determine and monitor availability of COVID-19 testing kits.
- Determine and communicate state and local guidelines for testing personnel.
- Determine and acquire a supply of approved products for use in decontamination/sanitation of equipment. CDC

✓ Travel/Transportation
- Minimize contact with non-fire personnel and time in public areas while travelling.
- When using public transportation such as commercial aviation, use proper PPE to minimize exposure.

- Follow guidelines for cleaning/disinfecting surfaces when staying in motels/hotels.
- Stay in your hotel room to the extent possible and wipe down high touch areas.
- Consider eating in your hotel room, utilizing take out or delivery. Maintain social distancing when eating while on the road.
- Follow guidelines for cleaning/disinfecting vehicles.
- Consider use of rental RV's that can also be used for office space.
- Have a three-day supply of water and MRE's for each person if driving.
- Maintain a manifest if travelling with others.
- Expect fewer restroom facilities as you travel to an incident. Some states have closed visitor centers while others remain open. Many food service businesses are now drive thru only. Most vehicle service stations are open.
- When using public facilities, be reminded that there is nothing to indicate the health of those there before you

Definitions

Close contact: A close contact is a person who has been within about 6 feet of a person with confirmed novel coronavirus infection for a prolonged period of time or has had direct contact with secretions from a person with confirmed novel coronavirus infection, and not in PPE (COVID-19) for more than 10 minutes.

Confirmed novel coronavirus infection: Until testing is available confirmed is defined as the person has a temperature of over 100.4, is short of breath, has a cough, and has a general feeling of fatigue.

Facemask: A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks do not seal tightly to the wearer's face, do not require fit testing, but do not provide the wearer with a reliable level of protection from inhaling smaller airborne particles (not suitable for close contact with a known or suspected COVID-19 infection).

N95 respirator: A generally used term for a half mask air-purifying respirator with NIOSH- approved N95 particulate filters or filter material, requires a fit test. Recommended PPE for close contact with suspected COVID-19 infection.

COVID-19 PPE: General cleaning for prevention of spread PPE consists of latex or rubber gloves, facemask, eye protection (goggles/face shield). For personnel displaying symptoms, back off, isolate, and call trained EMS personnel for assistance (fire department/ambulance service).

Appendix B – Best Management Practices - Outline

1. Coordinating Group
    a. Mobilization Operations (GACC/ Dispatch)
    b. CACHE Operations
    c. Local Government, Contractor, International, Military Support
2. Module Level
    a. All Fixed Wing Operation (SMKJ, Air Attack,)
    b. All Rotor Wing Operation (Helicopter)
    c. All Airbase/Helibase Operation (SMKJ Base, Air Attack Base, Reload Base)
    d. Rolling Stock Operations (Engine, Water Tenders)
    e. Crew Operations (IHC, T2IA, Fire Module)
3. Initial Attack
4. Extended Attack/Complex Incident
    a. Operations Function
    b. Logistics Function
    c. Plans Function
    d. Finance Function
    e. Incident Information Function
    f. Safety Function
    g. Liaison Function
    h. Incident Commander
5. Management Practices
    a. Agency Administrator
    b. Fire Management Officer

Mobilization Operations

(GACC/Dispatch)

Pre-planning and preparation are very important for identifying and responding to infectious diseases during wildfire response activities. The Center Managers need to consider how best to decrease the spread of illness and lower the impact of an outbreak during a wildfire response. Identify infectious disease outbreak plans as part of the COOP and clearly identify and communicate objectives. As the COVID 19 Pandemic continues, GACC, Dispatch Center Managers, and support personnel will be challenged to remain healthy and viable to continue the fire suppression mission.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Know where to find local information on COVID-19 and local trends of COVID-19 cases.
- Know and understand the signs and symptoms of COVID-19 and what to do if any staff becomes symptomatic at the worksite.

Incident Response

- Encourage staff to telework (VoIP for example) if possible, particularly individuals at increased risk.
- Encourage staff to telework (VoIP for example) if possible, particularly individuals at increased risk.
- Have a pool of backup dispatchers/support personnel in case an employee or a family member gets sick and they have to stay home.
- Utilize a pre-mobilization checklist.
- Provide COVID-19 exposure mitigation packet to resources being mobilized.
- Mobilize only required resources in smaller numbers (Squads in place of 20 per crews).
- Plan transportation guidance for mobilizing resources to and from an incident.
- Consider mobilizing Interagency Resource Representative that is trained and experienced in exposure response and transportation requirements.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Cache Operations

This document is intended as a tool for extended attack/complex wildland fire response for the cache system when preparing to support incidents during the ongoing COVID-19 pandemic. The following guidelines were developed based on the best advice in March 2020. As the situation develops and more information becomes available, these guidelines should be updated.

Due to the location of the Rocky Mountain Cache (RMK), on a GSA-operated facility of mixed agencies and use, there is concern around a complete closure of the cache should a worker carrying the virus enter the facility. RMK is also a critical link in the entire cache system since a good portion of bulk purchasing is accomplished here.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19
- Follow CDC recommendations on personal hygiene and self-care. Perform daily "Am I Fit: Checklist" (Appendix C).
- Develop daily off-site pre-entry screening.
- Work virtually as practical.
- Develop physical distancing practices.
- Utilize CDC guidance for cleaning within the facility and equipment each day. https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Plan to have ample COVID-19 PPE on hand to use for an extended period. Refer to CDC link for recommendations
- Develop an incident within an incident (IWI) plan for exposure possibility
- Arrange for decontamination of returned goods separate from the main cache
- Develop a flow chart for surface decontamination time frames and establish categories of goods and decontamination procedures
- Consider ordering heavily for anticipated activity early. Some items already in the pipeline include MRE's, NFES 1660, NFES 1675 individual and multi-person Biological Hazard Protection Kits, etc
- Consider the viability of scheduling overlapping or non-traditional shifts to keep incident support going but reducing the number of personnel on-shift at the same time.

Incident Response

- Incorporate Cache Risk Assessment group recommendations as they are developed
- Develop method (hiring process) for replacement of affected personnel
- Consider all returned cache items a being exposed to COVID-19. Prepare for enhanced decontamination standards and PPE. This may include alternative facilities to accommodate additional space needs.
- Adjust minimum stocking/reorder trigger points to accommodate for backorder and longer lead times for delivery of critical items.
- Review Infectious Disease Guidance for Wildland Fire Incidents, NWCG Emergency Medical Committee. It contains further references and advice.
- Be aware an SME group under the NWCG Emergency Medical Committee is working on further, specific guidelines on wildland fire and cache system practices.

- For outside deliveries, consider a supply and delivery protocol to reduce handling and face-to-face interaction.
- Ensure drivers and materials handlers implement CDC recommended sanitizing practices for vehicles and equipment.
- Define additional sanitary areas that may be needed to accommodate personnel cleanliness.
- Determine capabilities of stocking non-traditional items.
- Determine what state local restrictions/closures may have on delivery items.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan and practice regularly.
- Develop and incident support contingency plan if supporting cache facility must be temporarily closed and quarantined for confirmed COVID-19 cases.
- Implement incident within an incident plan for known exposure.

Updated: 04/09/2020

Cooperator Response

(Local Government/Contractor/International Support/Military Support)

The Rocky Mountain Geographic Area is comprised of 5 states, active Forest Fire Compacts (including one with ties to Canada), federal agencies, Tribes, County, municipal and rural volunteer fire departments, NGOs and military assets that cooperate in wildland fire management. The Rocky Mountain Geographic Area's reliance on cooperation between these entities is paramount to successful protection of the public from wildfires. COVID-19 adds a significant layer of complexity that directly impacts all cooperators' ability to respond to wildfires. Impacts include, but are not limited to travel restrictions between states, canceled gatherings for training and strategic planning meetings, fewer personnel available to respond due to illness or quarantine, lack of fuels management activities due to burn bans and shelter in place orders, and other factors. These factors require fire managers and programs at all levels to consider innovative ways to protect the public from wildland fires while also protecting their firefighters from being exposed to, or inadvertently spreading COVID-19. Suggested best practices for more tactical aspects of wildfire response are available in the other appendices. While by no means comprehensive, this document is intended to be used as a tool to support wildland fire response during the ongoing COVID-19 Pandemic. CDC and State and Local Health Authorities developed the following guidelines based on the current standards. As the situation evolves and more information becomes available, these guidelines should be periodically updated.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Using CDC and State Health Authorities guidelines, develop and utilize COVID-19 avoidance procedures for staff and resources.
- Consider utilizing "Am I Fit Checklist" (Appendix C) or other CDC daily self-checks.
- Reduce exposure by conducting as much work (briefings/meetings/gatherings) as technology allows virtually or remotely.

Incident Response

Best practices planning for and during a wildfire response:

- Minimization of COVID-19 exposure risk to fire personnel and the public should be a priority during fire management decision making:
- Consider wildfire smoke impacts to firefighters and the public in the context of COVID-19.
- Consider a full spectrum of strategic response options ranging from allowing remote fires to burn based on values to be protected and higher priority wildland fires to rapid suppression during IA to limit fire sizes and numbers.
- Consider increased use of aircraft and heavy equipment to keep fires small and minimize numbers of responding personnel.
- Make efforts to ensure that all cooperators and contractors understand the respective jurisdictional agency's COVID-19 wildfire response protocols.
- State and federal agencies should consider sharing and/or streamlining procedures and protocols for ordering cooperating agency aircraft, including Canadian aircraft, when aggressive response is warranted.
- Consider increased Rocky Mountain Tactical Group/Fire Operations Officer coordination calls to actively track impacts to RMA resource availability and off unit restrictions due to COVID-19.

- Consider activating the Rocky Mountain Area MAC Group earlier due to resource shortage created by Covid-19 conditions.
- The Rocky Mountain Area MAC group should consider COVID-19 conditions in determining Preparedness Levels.
- States should consider earlier activation of National Guard resources, including aircraft due to fire activity and resource shortages. NG resources could be in high demand for other COVID-19 response activities.
- If commuting back and forth from home bases is essential, cooperators should continue to maintain COVID-19 mitigation measures.

Exposure Response

Best practices in the event of a presumptive exposure:

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

All Fixed Wing Aviation

This section is Best Practices for all agencies involved in aerial fire suppression.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Utilize virtual briefings when able to minimize person to person contact and groups (e.g. Utilize a regional daily aviation briefing call for all initial attack aviation resources and bases).
- During periods of standby and extended standby, allow flight crews to isolate themselves in quarters and respond directly to aircraft with minimal person-to-person contact with public and base personnel.
- Program managers and contractors are encouraged to create schedules to minimize aircrew rotations including eliminating 7-day coverage and having flight crews take the same days off.
- Airbase, flight crews, and/or contractors may implement a daily log or checklist for aircrew health status.
- Restrict access to each aircraft to essential personnel only.
- Use of shared equipment should be minimized and cleaned before and after utilization.
- Consider multiple locations for aircraft placement in an effort to spread out resources and minimize large group gatherings of incident and aircrew personnel.
- IMT's and Fire Managers should consider reducing staffing numbers when approved and applicable such as:
  - Request waiver for management of 4 SEATs via one SEMG or ATBM.
  - Expect to utilize and provide pre-approvals for extension of personnel to 21 days.
- Evaluate allowing vendors to stage at their home base with an approved delayed response time.
- After each flight the pilot should follow GSA/OEM guidance to decontaminate the aircraft interior including handles, interior seating, seat harnesses and the cockpit.
- After maintenance decontaminate the aircraft per GSA/OEM guidance.

Incident Response

- Aircraft Dispatch Forms to be delivered to all resources electronically instead of person-to-person.
- Allow flight crews, dispatch centers, and base personnel to assess locations for adequate lodging and meals prior to changing locations of air crews to recover overnight.
- Flight crews may recover overnight to the same location to minimize exposure.
- Minimize transporting non-essential personnel.
- Clean each aircraft between flights in accordance to FAA direction.
- Consider pooling ATGS's within the GACC's and assign as needed.
- Consider utilizing multiple bases even if other bases are farther from the incident to mitigate large crowds.

Exposure Response

- All personnel that show any symptoms of illness are to immediately isolate as recommended by CDC/FAA and report to supervisors and host.
- Due to the dynamic situation of the Covid-19 pandemic, airbase operations at times may not meet policy requirements. In these cases, prior to the deviation, it will be reported to supervisors who in

conjunction with aviation managers will analyze the risk and determine if the operation should continue.

- Airbases may be unstaffed or closed due to Covid-19 activity.
- Consider having a local BPA for decontamination service.
- Place aircraft out of service until properly decontaminated. per FAA/CDC/GSA/OEM guidance as applicable.
- Implement team or local unit exposure response plan.
- Isolate aircraft and personnel away from active operations and other personnel.
- Notify Controlling aircraft or dispatch of status change.
- Contact maintenance inspector after properly decontaminating the aircraft.
- Contact Contracting Officer/Agency for further guidance.

Updated: 04/09/2020

All Rotor Wing Operations

This section is Best Practices for all agencies involved in aerial fire suppression.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Utilize virtual briefings when able to minimize person to person contact and groups (e.g. Utilize a regional daily aviation briefing call for all initial attack aviation resources and bases).
- During periods of standby and extended standby, allow flight crews to isolate themselves in quarters and respond directly to aircraft with minimal person-to-person contact with public and base personnel.
- Program managers and contractors are encouraged to create schedules to minimize aircrew rotations including eliminating 7-day coverage and having flight crews take the same days off.
- Airbase, flight crews, and/or contractors may implement a daily log or checklist for aircrew health status.
- Restrict access to each aircraft to essential personnel.
- Use of shared equipment should be minimized and cleaned before and after utilization.
- Consider multiple locations for aircraft placement in an effort to spread out resources and minimize large group gatherings of incident and aircrew personnel.
- IMT's and Fire Managers should consider reducing staffing numbers when approved and applicable such as:
- Requesting 2 for 1 helicopter management (restricted / Limited) helicopters.
- Expect to utilize and provide pre-approvals for extension of personnel to 21 days.
- Evaluate allowing vendors to stage at their home base with an approved delayed response time.

Incident Response

- Aircraft Dispatch Forms to be delivered to all resources electronically instead of person-to-person.
- Allow flight crews, dispatch centers, and base personnel to assess locations for adequate lodging and meals prior to changing locations of air crews to recover overnight.
- Flight crews may recover overnight to the same location to minimize exposure.
- Minimize transporting non-essential personnel.
- Clean each aircraft between flights in accordance to FAA direction.
- Pilot and mechanic should decontaminate interior and exterior of the aircraft between missions per GSA/OEM guidance.

Exposure Response

- All personnel that show any symptoms of illness are to immediately isolate as recommended by CDC/FAA and report to supervisors and host.
- Due to the dynamic situation of the Covid-19 pandemic, airbase operations at times may not meet policy requirements. In these cases, prior to the deviation, it will be reported to supervisors who in conjunction with aviation managers will analyze the risk and determine if the operation should continue.
- Airbases may be unstaffed or closed due to Covid-19 activity.

- Consider having a local BPA for decontamination service.
- Place aircraft out of service until properly decontaminated. per FAA/CDC/GSA/OEM guidance as applicable.
- Implement team or local unit exposure response plan.
- Isolate aircraft and personnel away from active operations and other personnel.
- Notify Controlling aircraft or dispatch of status change.
- Contact maintenance inspector after properly decontaminating the aircraft.
- Contact Contracting Officer/Agency for further guidance.

Updated: 04/09/2020

All Airbase/Helibase Operations

This section is Best Practices for all agencies involved in aerial fire suppression.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Utilize virtual briefings when able to minimize person to person contact and groups (e.g. Utilize a regional daily aviation briefing call for all initial attack aviation resources and bases).
- Staff base with minimal personnel for appropriate time frames during standby periods allowing base personnel to work and respond from quarters.
- Airbase, flight crews, and/or contractors may implement a daily log or checklist for aircrew health status.
- Restrict access to each aircraft to essential personnel.
- Use of shared equipment should be minimized and cleaned before and after utilization.
- Consider multiple locations for aircraft placement in an effort to spread out resources and minimize large group gatherings of incident and aircrew personnel.
- IMT's and Fire Managers should consider reducing staffing numbers when approved and applicable such as:
  - Requesting 2 for 1 helicopter management (Restricted / Limited) helicopters.
  - Request waiver for management of 4 SEATs via one SEMG or ATBM.
  - Expect to utilize and provide pre-approvals for extension of personnel to 21 days.
- Evaluate allowing vendors to stage at their home base with an approved delayed response time.
- Follow GSA/OEM disinfection guidance after each flight or after maintenance work.
- Airbases should identify the number of resources that can be staged at existing facilities to maintain social distancing and separation.
- When social distancing/separation cannot be maintained, utilize alternate locations on the airfield or adjacent airports to stage aircraft and crews.
- Due to the dynamic situation of the COVID-19 pandemic, airbase operations at times may not meet policy requirements. In these cases, prior to the deviation, it will be reported to supervisors who in conjunction with aviation managers will analyze the risk and determine if the operation should continue.
- Assign retardant loaders to individual pits for the shift duration to limit hose and nozzle contacts.

Incident Response

- Aircraft Dispatch Forms to be delivered to all resources electronically instead of person-to-person.
- Allow flight crews, dispatch centers, and base personnel to assess locations for adequate lodging and meals prior to changing locations of air crews to recover overnight.
- Flight crews may recover overnight to the same location to minimize exposure.
- Base personnel and flight crews should become familiar with FBO's COVID-19 Plan.

Exposure Response

- All personnel that show any symptoms of illness are to immediately isolate as recommended by CDC/FAA and report to supervisors and host.
- Due to the dynamic situation of the Covid-19 pandemic, airbase operations at times may not meet policy requirements. In these cases, prior to the deviation, it will be reported to supervisors who in

conjunction with aviation managers will analyze the risk and determine if the operation should continue.

- Airbases may be unstaffed or closed due to Covid-19 activity.
- Consider having a local BPA for decontamination service.
- Place aircraft out of service until properly decontaminated. per FAA/CDC/GSA/OEM guidance as applicable.
- Implement team or local unit exposure response plan.
- Isolate aircraft and personnel away from active operations and other personnel.
- Notify Controlling aircraft or dispatch of status change.
- Contact maintenance inspector after properly decontaminating the aircraft.
- Contact Contracting Officer/Agency for further guidance.

Updated: 04/09/2020

Rolling Stock Operations

(Engine, Water Tender)

Expect change in how business is conducted. Strategic thinking and tactical planning in conjunction with how information is shared across the landscape will take on new looks. Patience will be a virtue as time frames and methods take on new dimensions.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Continue to monitor and follow Center for Disease Control (CDC) recommendations and Local Health Department or Agency Guidance and prescribed practices.
- Make sure vehicles and equipment are fully stocked with disinfecting wipes, hand sanitizers and soap.
- To maintain the health and reduce risks of exposure, maintain crew modules and or operators as an individual unit. Do not backfill or temporarily assign nonstandard personnel to the Engine, Tender or heavy equipment.
- Consider processes that could allow minimization of time in large fire camps or ICPs, including:
  - Acquiring additional vehicles to limit crew intermingling and provide for vehicle quarantine options. Additional vehicles may also be needed for infected crewmember home transport
  - Have resources prepared to operate from spike camps.
  - Carry additional MREs or freeze-dried meals to be more self-sufficient for longer periods.
  - Carry additional chain saw parts and other consumable equipment.
- Stress off duty responsibility in protecting themselves and their crew from exposure. Frequently (daily or after each use) sanitize all equipment and vehicles to reduce possible virus contamination.

Incident Response

- To maintain the health and reduce risks of exposure, maintain crew modules and or operators as an individual unit. Do not backfill or temporarily assign nonstandard personnel to the Engine, Tender or heavy equipment.
- Frequently (daily or after each use) sanitize all equipment and vehicles to reduce possible virus contamination.
- Weigh the risk of responding in multiple vehicles.
- Screen all personnel for symptoms of COVID-19 prior to mobilization. Use the daily "Am I Fit" Checklist (Appendix C).
- Be Self-sufficient for duration of travel to and from incidents (food, hydration, lodging) to avoid general population exposure. Use protective measures at fueling stops, rest areas, and other necessary business areas.
- Sanitize vehicles and equipment at the end of each operational period.
- During tactical operations maintain separation from other resources as much as possible.
- Avoid sharing tools, water, radios, etc.
- Rely on electronic communications in place of face to face with overhead and adjacent resources.
- Establish positive communication with heavy equipment operators and overhead that maintains personal distancing.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Crew Operations

(IHC, T2IA, T1, WFM, I.A.)

The need to maintain the health and safety of crew modules during any type of illness episode is critical to maintaining a viable incident response. The COVID-19 disease has exponentially increased this challenge. The following Best Management Practices provide some guidance to avoid exposure and contain possible infection. Some are practical common-sense measures, and some will challenge usual crew cohesion activities.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Continue to monitor and follow Center for Disease Control (CDC) recommendations and Local Department or Agency Guidance and prescribed practices.
- To maintain the health and reduce risks of exposure, maintain crew modules as an individual unit. Do not backfill or temporarily assign nonstandard personnel to the crew.
- Control access of non-crew personnel to facilities, vehicles and equipment.
- Frequently (daily or after each use) sanitize all equipment and vehicles to reduce possible virus contamination.

Incident Response

- Screen all crew members for symptoms of COVID-19 prior to mobilization utilizing "Am I Fit Checklist" (Appendix C).
- Be self-sufficient for duration of travel to and from incidents (food, hydration, lodging) to avoid general population exposure. Use protective measures at fueling stops, rest areas, and other necessary business areas.
- At incident, maintain appropriate personal distance; minimize personnel involved in check-in and at briefings. Utilize separation from other resources in sleeping areas, food service, supply, staging and other areas of typical congregation.
- During tactical operations maintain separation from other resources as much as possible. Maintain personal spacing within crew. Avoid sharing tools, water, radios, etc. Rely on electronic communication in place of face to face with overhead and adjacent resources.
- Be cognizant of maintaining personal hygiene throughout the operational period. Allow time for washing and sanitation.
- Expect change in how business is conducted, and tactical plans and communications will be implemented. Time frames and methods will be different. Exercise patience and maintain vigilance of the health of crew members.
- Consider processes that could allow minimization of time in large fire camps or ICPs, including:
  - Acquiring additional vehicles to limit crew intermingling and provide for vehicle quarantine options. Additional vehicles may also be needed for infected crewmember home transport
  - Have resources prepared to operate from spike camps.
  - Carry additional MREs or freeze-dried meals to be more self-sufficient for longer periods.
  - Carry additional chain saw parts and other consumable equipment.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Initial Attack Operations

(Local Initial Attack Considerations)

This document is intended to be used as a tool for initial attack wild-land fire response in the Rocky Mountain Area during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Prior to mobilization utilize the "Am I Fit Checklist" (Appendix C).
- Make sure vehicles are fully stocked with disinfecting wipes, hand sanitizers and soap.
- Don't share PPE, flight helmets, radios, gloves etc.
- Acquire additional vehicles to limit crew intermingling and provide for vehicle quarantine options.
- Additional vehicles may also be needed for infected crewmember home transport
- Have resources prepared to operate from spike camps.
- Carry additional MREs or freeze-dried meals to be more self-sufficient for longer periods.
- Carry additional chain saw parts and other consumable equipment.
- Maintain same team (module) "Module as one" concept throughout the season.
- Follow Federal/State/County Health Authority Recommendation.
- Stress off duty responsibility in protecting themselves and their crew from exposure.
- Include COVID-19 mitigation in briefings and safety messages.

Incident Response

- Weigh the risk of responding in multiple vehicles.
- IA briefing needs to maintain social distancing and limit to key overhead personnel.
- Maintain high level of crew self-sufficiency.
- Consider use of heavy equipment/aircraft that may limit number of personnel needed.
- Sanitize vehicles and equipment at end of shift each day.
- Limit mop-up and smoke exposure, emphasis on use of FLIR technology to get unit in monitor status. Portable use of UAS's.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Operations

COVID-19 will change how incident operations are conducted and will challenge communications in tactical operations and within incident management organizations. Expect less resource availability, longer response times, and delayed logistical support. While the safety and health of fire responders has always been paramount the risk management equation is becoming much more complex.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Utilize virtual methods of communication (smart phone, radio, internet) as much as possible to avoid inadvertent physical contact during incident processes.

Incident Response

- Conduct daily "Am I Fit Checklist" (Appendix C) prior to mobilization and throughout incident assignment.
- Be prepared to be self-sufficient for duration of travel to and from incidents (food, hydration, lodging) and initial periods of the incident.
- Establish Command and Control communication protocols utilizing methods consistent with COVID-19 mitigation measures.
- Use incident established procedures (electronic methods or personal distancing standards) to provide intelligence, conduct planning processes, briefings and other administrative business.
- Apply available reconnaissance technology (UAS, satellite, MMA) to reduce personnel numbers and close quarters environments such as helicopter cabins.
- Develop and prioritize tactical missions based on Values at Risk and COVID-19 risk to responders.
- Utilize fewest resources necessary to accomplish mission to minimize exposure to disease spread.
- Maintain separation of suppression modules on the fireline and during off shift periods. Consider staggering resource shifts to avoid congestion points.
- Factor in time for resources to accomplish COVID-19 mitigations during operational and off shift periods when developing plans.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

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Logistics – Ground Support

This document is intended to be used as a tool for extended attack/complex wildland fire response for the Ground Support Unit during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

Best practices to prevent exposure:

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Use proper PPE when handling materials, doing inspections, making repairs, etc.
- Restrict non-Unit access to work areas.
- When possible, use electronic methods to manage workflow such as inspections, repair, etc.

Incident Response

- Follow Travel guidelines while enroute.
- Conduct daily the "Am I Fit Checklist" (Appendix C) while maintaining proper social distancing.
- Set up work area to provide social distancing while maintaining Unit continuity.
- Anticipate ordering additional resources such as rental vehicles, drivers, etc. to maintain social distancing guidelines.
- Order enough supplies to support extra cleaning/disinfecting.
- Establish procedures to minimize driver handling of supplies and backhaul.
- Clean/disinfect vehicles after each use, including returned rental vehicles prior to reassignment, per established guidelines. Refer to National Emergency Rental Vehicle (NERV) website for further information.
    - Key high touch areas to disinfect include the dashboard, instrument panel, steering column, wheel, accessory panel, center console, cup holders, compartments, seats, between console and seats, between doorjambs and seats, door and door pockets, interior/exterior door handles, rear view mirror and seat belt buckles.
- Refer to Enterprise cleaning guidelines located in the References section of the template.
- Confirm that passengers being transported are free of possible symptoms. Avoid handling passenger personal items such as line gear, luggage, etc.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Supply Unit

This document is intended to be used as a tool for extended attack / complex wildland fire response for a Supply Unit during the ongoing COVID-19 Pandemic. As the situation develops new information will become available and should be considered.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Perform "Am I Fit Checklist" (Appendix C).
- Develop a Supply Unit IWI COVID-19 protocol for the Unit.
- Follow CDC GUIDELINES for cleaning all work surfaces, tools, vehicles, and equipment.
- Review direction from NWCG Emergency Medical Committee developed for wildland fire https://www.nwcg.gov/emergency-medical-committees/infectious-diseases-guidelines.
- Arrange for additional unit-dedicated sanitation facilities and support.
- Consider more area for issuing and returns to maintain social distancing practices.

Incident Response

Due to unknowns surrounding contamination of goods, there is a need for even closer communication with caches on receiving and returning items and direction on measures that may need to take place before returning items to the caches.

- Plan for enhanced PPE and distancing which will require additional space.
- Practice virtual workplace as practical. Limit contact with "customers".
- Anticipate longer delivery times, whether from the Cache or local purchase.
- Establish practical expectations with the Operations Section. Request they plan further ahead so the supply chain can accommodate them.
- Establish decontamination practices/sanitizing requirements for all cache items to be returned.
- If possible, consider placing Ordering in a separate location.
- Quickly employ your situational awareness on your location, known medical supplies, feeding capability and/or methods and the implications on the supply unit.
- Plan for resources to request replenishment of self- contained Spike supplies (MREs and other consumables) at the conclusion of their assignment.
- Develop a method via check-in to estimate resupply needs in advance.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Security Manager

This document is intended to be used as a tool for extended attack / complex wildland fire response for the Security function during the ongoing COVID-19 Pandemic. As the situation develops and more information becomes available, these guidelines may be periodically updated.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Utilize the most current guidance and recommendations from CDC.
- Develop a Security "Incident within an Incident" prior to assignments.
- Determine if the ICP/ Base is to be in or near a security high-risk area.
- Establish daily/shift self-checks for all Security Unit staff. See "Am I Fit Checklist" (Appendix C).
- Establish virtual section meeting and interview methods.

Incident Response

- Restrict access to all Incident facilities.
- Consider needed adjustment to staffing based on multiple camps or virtual operations.
- Check with facilities for security needs for isolation areas.
- Liaison with local law enforcement.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Medical Unit

Teams should expect different health department protocols as they accept assignments in various state and counties. Protocols may change as new information becomes available about COVID-19. Some basic assumptions are being made here: some individuals who test positive for COVID-19 are not being hospitalized and are free to roam and work if they choose not to disclose or self-isolate. Others who may have been in contact with those who test positive for COVID-19 and/or are carriers out in the general population.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Follow CDC recommendations on personal hygiene and self-care.
- Any known individuals testing positive should not respond to incidents.
- Control access to ICP/Base Camp. Implement medical screening prior to entry.
- Consider virtual work environment where feasible.
- If available, team members should be tested for COVID-19 before assignment.
- The following body of reference material is available to review for response as well as prevention:
  - Centers for Disease Control and Prevention at cdc.gov
  - Infectious Disease Guidance for Wildland Fire Incidents, Emergency Medical Committee which steps down from CDC for best management practices in the wildland fire environment- https://www.nwcg.gov/emergency-medical-committees/infectious-diseases-guidelines.
  - Review the Infectious Disease Guidelines for Wildland Fire Incident Management Teams – This comes out of a specific event encountered on an incident. https://www.nwcg.gov/sites/default/files/committee/docs/iems-infectious-diseases-guidelines.pdf.
  - Review the Health and Human Services EMS Infectious Disease Playbook. https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf.
  - Review supplemental direction forthcoming from the NWCG Emergency Medical Committee.

Incident Response

- Review the references above for guidance during incident response as well as prevention and self-care. Do the "Am I Fit Checklist" (Appendix C).
- Prepare enhanced PPE and equipment.
- Develop close working relationships with local health authorities and facilities. Inform them of the team arrival and numbers of individuals visiting their area of responsibility. Possibly consider alternative testing and treatment locations.
- Develop a Common Operating Picture of federal, state, county and local jurisdictions with response authorities, procedures and processes. This would include CDC recommendations and guidance down to local protocols, such as testing sites.
- Be aware the NWCG Emergency Medical Committee continues to work on specific guidance in the wildland environment.
- IMT's should be prepared to establish four camp medical stations:
  - Station utilized for the typical illness/injuries associated with suppression work.

- Station for COVID-19 triage.
- Isolation area for those previously in contact with COVID-19 at an appropriate Isolation site or transport to a local medical facility/site.
- Quarantine site for those with COVID-19 at an appropriate Quarantine site.
- Identify alternative methods other than face to face or physical contact.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.
- Consider known exposure, or response to exposure, or a positive test as an incident within an incident and monitor/track it to conclusion.
- Incident ambulances should comply with local health authority requirements and carry all necessary supplies to disinfect the ambulance and PPE necessary for COVID-19 transport.

Updated: 04/09/2020

Communications/IT

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Unit Leaders develop plans for effective use of communications and IT equipment. Consideration should be given whether some positions or tasks can be done virtually or off-site.
- Use established standards for receiving, cleaning, and returning radio kits, repeaters, etc., using Cache and manufacturer's guidelines.
- Plan setup of equipment and work areas, and consider the use of over the air programing, to increase social distancing.
- Provide protocols and procedures to unit personnel to provide guidance in personal protection.
- Ensure an appropriate and adequate quantity supply of PPE for unit personnel.

Incident Response

- Conduct daily the "Am I Fit Checklist" (Appendix C) while maintaining proper social distancing.
- Establish procedures to reduce close contact with fire personnel in activities such as cloning (consider providing cloning instructions), issuing batteries, and issuing and returning radios.
- Consider modes of travel when setting up equipment sites for repeaters, etc. to maintain social distancing.
- Consider the use of storage devices such as assigned/non-returned USB drives to share information.
- Consider the use of software storage sites for collecting documents.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Food Unit

Traditional use of National Mobile Food Service Units (Caterers) is currently being reviewed by the Missoula Technology and Development Center and the Contracting Officer. Guidance from them will be forthcoming and will likely modify the guidance that follows:

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Ensure food service contractors, caterers and vendors are implementing COVID-19 practices and following Health Department standards and guidelines.

Incident Response

- Implement increased sanitation around kitchens, dining area, and food lines.
- Discontinue use of salad bars and other self-service food delivery in camps.
- When utilizing restaurants, ensure that they have facilities large enough to implement increased social distancing.
- Implement staggered serving times and use of alternate serving methods to meet social distancing guidelines.
- Maintain a minimum supply of 7 days of MRE's and water.
- Designate one person to fill cubitainers and canteens from the potable water source.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Facilities Unit

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- ICP/Camp check in. An area should be established for pre-screening personnel and sanitizing of materials/equipment before entering camp. Consider a closed camp working with Security to control flow.
- ICP/Camp: Consider social distancing needs. More areas including sleeping, feeding, medical, etc. will be needed for group/unit separation.
- All facilities should be laid out and to allow ease of cleaning, sanitizing, and social distancing. Consider lowering the number of personnel in ICP. Those that can work virtually should do so.
- Limit operational period briefing attendance to crew supervisors and strike team leaders or consider radio briefings.
- More Porta-pots, hand wash stations, and trash collection equipment may be needed to accommodate larger camp footprint and allow group/unit separation.
- Establish extra cleaning protocols/frequency for the Shower Unit.
- When mobilized and utilizing hotels the rooms will be sanitized initially, and housekeeping services reduced to that which is absolutely necessary.
- Provide sanitation facilities at remote bases/spikes.
- Increase number of staging areas to accomplish social distancing.

Incident Response

- Additional medical units should be separated from each other and located in a more remote area of camp.
- An isolation area should be established at the setup of camp to separate and care for the needs of any personal exposed.
- Cleaning and sanitizing schedules need to be increased for all facilities. Proper training in procedures as well as handling and disposal of cleaning supplies should be done for all personnel involved. Proper PPE for specific assignments should be supplied and used.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Planning Section

This document is intended to be used as a tool for extended attack/complex wildland fire response for a Plans Section Staff during the ongoing COVID-19 Pandemic. The following guidelines were developed based on the advice of health and safety authorities in March of 2020. As the situation develops and more information becomes available, these guidelines should be periodically updated.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Identify opportunities for incident personnel to work virtually/remotely. Consider simulations testing remote activities, possibly engage IMTs, AAs, cooperators and partners to test and evaluate remote system technologies, processes and systems to be proficient remotely.
- Conduct video/virtual meetings & briefings using available technology.
- Be prepared to be self-sufficient for several days including potential remote/spike camp location.

Incident Response

- Reduce exposure by conducting as much work (briefings/meetings/gatherings) as technology allows virtually or remotely.
- Maintain contingency plans (PACE) in the event of technology failure.
- Conduct Check-In and Demobilization by electronic device, otherwise, limit exposure by maintaining social distancing and have decontamination protocols in place.
- Utilize electronic applications for gathering, disseminating, and storing information.
- Conduct Daily "Am I Fit Checklist" (Appendix C).
- Ensure COVID-19 Prevention and Screening Protocols are in the Incident Action Plan (IAP) and COVID-19 is evaluated in the ICS-215A.
- Coordinate with the Medical Unit Leader (MEDL) to assure appropriate procedures are enacted as a standard part of the Demobilization process.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Finance Section

Introduction/Explanation: To reduce exposure to finance section personnel while continuing to work efficiently to produce finance products. Given the potential exposure and spread to COVID-19 the intent is to implement, as much as possible, to a remote work environment for the finance section, understanding that there will be variations based on incident complexities. In order to set finance up for success in a remote work environment the following will need to be put in place:

- Make sure the technology is there to support remote operations i.e.: eiSUITE
- Enterprise System will need funding directed to it immediately in order to be enhanced to efficiently be used in a virtual setting.
- Test the process before actual deployment.
- All incident agencies will need to have legal acceptance of electronic signatures or Finance Sections will need to be informed to process documents with electronic imaging of signed documents.
- Incident Business Advisor (IBA) and Buying Team will follow the general guidelines for health and safety. When interacting with Finance they will follow the information below.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Finance Section Chiefs should coordinate with Incident Commander and identify Finance Section Members that would be considered high-risk and should not be mobilized to be on-site.
- Develop the protocol to work remotely to the maximum extent possible. Consider limiting all paper documents by utilizing electronic documents. This would include role-based communication and cloud-based document sharing.
- Ensure Finance Sections are provided Rocky Mountain Area (RMA) guidance to support the incident remotely.
- Routinely visit a risk analysis to balance mission essential functions with risk of exposure.
- Ensure Finance Sections have resources for all RMA agencies for process if there is a known exposure at the incident, to include claims and time documentation. Develop a protocol to handle a real Incident Within in an Incident in a remote environment.

Incident Response

- Limit the amount of Finance Personnel on site. All finance positions should consider working remotely when possible. Use social distancing within section on site (desk/people/not sharing office supplies).
- Utilize electronic documents to limit potential risk of exposure. Whenever possible, use electronic Crew Time Reports and Shift Tickets that incident resources would submit for supervisor approval. After supervisor approves, electronic document would then be submitted to an electronic finance folder located in FireNet365 for posting to e-ISuite.
- When possible during demobilization, final OF-288s/OF-286s would be created and sent to resources electronically with signatures.
- Incident Repair and Replacement Claims would be processed electronically to delegated authority. (Incident Business Advisor or Finance Section Chief).

- Medical Claims-Comps/Claims or Hospital Liaison should contact affected resource via phone and provide documents electronically or beforehand to MEDL. Comps/Claims to avoid going to the hospital to provide the affected resource with forms, guidance, etc.
- Claims specific to COVID-19 provide affected resource with guidance and ensure they are aware of required forms that will need to be completed or direct them to contact a home unit representative, COVID-19 specific claims should be kept in separate file in the Finance Package.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Fire Information

Following are Best Management Practices for conducting the Public Information Function on Wildland Fire Incidents given the current COVID-19 pandemic. All BMPs represent a distinct shift away from face-to-face engagement with the public and media.

The nature of the Fire Information function and its associated duties (at all complexity levels) lends itself nicely to implementation via virtual/remote means. A "skeleton" staff organization (i.e. Lead, Deputy, or Trainee) physically located at ICP or an office setting would coordinate with other on-site Command & General Staff functions and resources. Off-site support personnel can function efficiently through technology and electronic means, receiving real-time information, data, and maps from the Incident and disseminating it through a variety of methods.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Identify opportunities for personnel to work remotely/virtually. Ensure Public Information Officers (PIOs) have the technology, training and coordination to be effective and proficient. Practice and prepare to enhance knowledge and the skills necessary to efficiently conduct work off-site. Conduct as much work as possible remotely.
- Be prepared to be self-sufficient for several days, including potential remote/spike camp locations.
- Ensure PIOs have technology to support virtual assignments.
- Traditional prevention activities like public presentations, information booths etc. will not be possible. Focus instead on Public Service Announcements (PSAs) and streamed video.

Incident Response

- Remote work assignments and virtual workspaces should be used as much as possible.
- Traditional activities like public presentations, information booths etc. will not be possible. Focus instead on PSAs and streamed video.
- Media visits to ICP should not occur. Stock video tours and interviews can be provided to media for virtual access to the ICP.
- Use existing systems to fullest extent such as Inciweb (https://inciweb.nwcg.gov/), Social Media and email publication tools such as Constant Contact.
- Use email lists as much as possible to distribute daily updates. Reach out to traditional trap line locations such as stores and other public places to get them on email distribution lists
- Coordinate COVID-19 messaging primarily with the host agency Public Affairs Officer. If this coordination is not possible, consult the County or local public health department. Ensure all fire messaging includes a COVID-19 message when approved by these entities.
- Conduct video/virtual public meetings using available technology. Invest in quality equipment (cameras, tripods, microphones) to improve quality for live streamed events.

- Implement a strategy that utilizes a “skeleton” staff physically located at the incident, with support staff off-site. On-site PIO would coordinate with other functions and resources, funneling current information to rest of Info staff for dissemination.
- Leverage resources with cooperators and partners when looking outside the agencies for PIO skills to support efforts.
- Utilize “portable” info boards, in the form of an electronic community newsletter for dissemination of information to affected entities; enlist the cooperation of businesses or other establishments to “adopt” an information bulletin board to post maps and information (distributed by PIO via electronic means).
- Conduct video/virtual community information meetings using available technology. Ensure a consistent feedback loop for two-way communication with the community.
- Utilize VOST (Virtual Operations Support Team) for social media monitoring and transmission of approved messages, further minimizing travel to incident.
- Information Links. Many reference documents pertaining to virtual operations and best social media practices are consolidated on the NIFC website at **(to be added later).**

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.
- Report any information gained from the community on known or suspected sources of exposure (within the HIPAA constraints) to the Incident Commander (IC) and Medical Unit Leader (MEDL).

Updated: 4/9/2020

Safety

Fundamental approaches to safety and risk management on wildland fire incidents should still be applied in the COVID-19 environment however the circumstances surrounding virus transmittal and severity require a new filter be added to virtually every activity we perform. Careful analysis should be considered regarding exposure potential, preventative measures and environmental controls.

Prevention

This area includes best practices to prevent exposure for this group.

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Be familiar with sources of "best available information" regarding practices that reduce the risk of exposure or transmittal of COVID-19. Review the NWCG Infectious Disease Guide specifically (link below)
- Understand the risks or consequences that come with accepting assignments outside the local state or geographic area.
- Consider having an off-site (virtual) additional position serving in the safety function for complex incidents.
- Ensure personal protective and sanitization items are sufficient for the assignment.
- Review normal position procedures and think in terms of what may need to be different in the pandemic environment.
- https://www.nwcg.gov/committees/emergency-medical-committee/infectious-disease-guidance

Incident Response

This area would include best practices during mobilization/at incident and through demobilization

- Remain focused on identifying the hazards and risks associated to the wildland fire environment while filtering for likelihood of exposure or transmittal of COVID-19.
- Encourage practices recommended by the CDC or State or Local Health Authorities for transmittal avoidance with a filter for what can be practically applied in the emergency response environment.
- Collaborate with Medical Unit Leader to prioritize the incident needs for supplies and equipment related to transmittal avoidance or management.
- Ensure the incident medical plan (ICS-206) contains information related to responder direction for communicating and transporting COVID-19 suspected illness.
- Understand reporting requirements for suspected and confirmed COVID-19 illness.
- Engage with Logistics Section regarding incident facilities, size, equipment needs and procedural adjustments necessary to enhance preventative measures.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan. When an Incident Management Team is assigned, the Incident Within an Incident (IWI) plan should address processes, protocols and assigned duties for exposure.

- If directed, conduct fact finding regarding potential origin or recent exposure of a suspected patient.
- Provide recommendation for quarantine and sanitization of possible host sites when the circumstances require follow-up.
- Produce information necessary for reporting purposes.
- If the on-site safety officer becomes exposed or infected, the off-site safety officer can ensure continuing operations.

Updated: 04/09/2020

Liaison

The deployment of an Incident Management Team into a geographic area that is already entrenched in a pandemic response can be viewed as an incident within their incident. Much compassion to that fact should be exercised when engaging cooperators and other agencies when on assignment.

When on an incident during a pandemic, the number of cooperators and assisting agencies may expand. Atypical agencies could include local hospitals and clinics, local and/or county public health officers, regional healthcare coalitions, local, regional or state Emergency Operations Centers (EOCs) and Multi-Agency Coordinators (MACs), some of which may never have encountered an Incident Management Team (IMT). The Liaison might be the initial contact.

Given the potential exposure and spread of COVID-19 the intent is to adapt to a virtual work environment understanding that there will be variations to virtual work based on incident complexities.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Ensure you are properly equipped/trained to accept virtual assignments.
- Be prepared to be self-sufficient for several days including potential remote/spike camp location: extra clothes, food, water, etc.

Incident Response

- When possible, avoid large fire camp configurations by working remotely/virtually.
- Utilize communication technology (zoom, skype, etc.) in order to have cooperator meetings and share information with participating agencies. This will require ensuring technology links are available to participating agencies.
- Practice social distancing or virtual Command & General Staff (C&G) Meetings.
- Consider use of additional Liaison Officers (LOFRs) and trainees to manage virtual work activities including assignment to other remote/virtual locations where direct linkage to the ICP is necessary, e.g., Emergency Operations Centers (EOCs), Command Centers, regional Multi-Agency Coordination Centers, Joint Field Office (JFO), etc.
- Individual States to develop a list of contacts and Agency Representatives (AREPs) within their areas to be shared with that GACC to be included as part of the in briefing to incoming teams.
- Coordinate with different levels of Governments and Tribes to identify issues related to COVID-19 within the response area.
- Initiate contact with Local/County/State law enforcement officials to assure relationship and contact information is completed for initiating the need for evacuations and re-population within the response area.
- Identify and establish relationships with cooperators including health departments and local EOC.
- Ensure telecommunication connectivity with Incident Command Post (ICP).
- Ensure participating agencies have a copy and understand the IMT COVID-19 protocols, best practices, and amended typical operational procedures.

- Assist Safety and Medical to gain information regarding the capacity and integrity of the local and regional healthcare system(s).
- Assist Safety, Medical, Interagency Regional Representative (IARR), and home unit as requested when personnel assigned to the incident enter isolation.
- Consider ordering a Liaison with FEMA's Emergency Support Function 8 (ESF8) experience.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.

Updated: 04/09/2020

Incident Commander

Incident Commanders will be faced with managing response in a systematically different way in the COVID-19 environment. Maximizing who can work virtually and organizing activities in ways that avoid large groups of responders in close proximity will minimize exposure of staff without compromising intent and direction.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Review ICS functions on the Incident Management Team (IMT) to identify those essential to be on the incident, who can work from their home unit and those that can work off site in small groups.
- Maximize the use of video/ phone conference capabilities to convene the IMT for pre-response planning.
- Become familiar with health and hygiene practices necessary to minimize impacts of COVID-19 and develop a functional plan to implement those on an incident. Utilize the CDC and Health Authorities to guide those practices.

Incident Response

This area would include best practices during mobilization/at incident and through demobilization

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Consider application of video/phone conference and minimal in-person participation at incident in-briefings and close-outs.
- Ensure deployment of assigned personnel maximizes distancing opportunities without compromising communications and safety.
- Consider shift length and work/rest ratio opportunities to enhance distancing opportunities.
- Be familiar with local direction (agency/state/county) regarding testing, isolation and treatment of COVID-19 to ensure compliance with these policies/practices.
- Ensure engagement with stakeholders and the public is maximized through technology and social media sources to avoid exposure though large gatherings and interactions.
- Consider the impacts of COVID-19 to evacuations and centers. Have discussions early on with law enforcement, local health care providers, and shelter personnel. Minimize the duration of time that citizens are displaced.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.
- Ensure local health officials are involved in cooperative communications.
- Determine reporting process for COVID related exposure (local level, home unit, ICS-209, etc.).

Updated: 04/09/2020

Agency Administrator

The purpose and intent of the Best Management Practices (BMPs) for Agency Administrators is to list practices for prevention of the COVID 19 virus before and during incident response. If known or suspected exposure occurs during incident response, what practices must be implemented for the person and possible contacts with others to prevent the spread of the virus. Likely the most important component of Agency Administrator BMPs is the known information for spread of the virus is rapidly changing, thus there must be a collective corporate will to add and update Leader's Intent and consideration must be given to an interagency effort to ensure an integrated and common operating picture from leadership.

Whatever actions are taken this season should not be looked at as a temporary fix for a temporary situation. Rather, they should be looked at as possible permanent changes to how we fight wildland fire into the future that make us, as a group, more resilient.

Prevention

Agency Administrators must provide clear Leader's Intent for the following prevention measures.

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- The most important value to be protected is human life and that all normal activities of wildland fire will be further complicated with the COVID-19 virus pandemic for the 2020 Fire Year.
- During the 2020 fire year, using all viable technology, organizations will maximize virtual environments to the extent possible. This includes all components of complex incident management inclusive of T3, T2, T1 and Area Command organizations; this includes all components of coordination and dispatch functions.
- With the added complexity of COVID-19, all wildland firefighters have the absolute right to turn down an assignment because of concern with exposure.
- Provide leader's intent and support for the "Module as One" concept
- Increase emphasis on the fire prevention program
- Support and authorize the use of militia personnel to respond to incidents
- Consider closures of areas and burn bans where risk of human caused fires could contribute to response workload.
- Communicate with jurisdictional partners any changes to strategic response to wildland fire planning or resource contributions to local or geographic efforts.
- Manage public and political expectations of wildland fire response in a reduced resource environment; it is going to take political courage to follow through.
- Review approval processes (such as mechanized use in wilderness) to minimize delays that may occur in the initial attack phase of response; this should be coordinated on adjacent units regardless of jurisdictions
- Address continued sanitation efforts and consider 14-day isolation for resources returning from travel and 14-day isolation for onboarding employees.
- Teleworking and virtual environments will be the norm for all employees.

Incident Response

- Ensure local Fire Management and initial attack ICs are provided with expectations for application of agency COVID-19 related procedures in the emergency response environment.
- Include Covid-19 mitigation procedures and priority in IC's Delegation of Authority and/or leaders' intent documentation for T1, T2, and T3 incidents.
- Develop unified/interagency delegations of authority before active wildland fires occur, address COVID-19 leader's intent in the delegation.
- Coordinate with Incident Commander/IMT on use of virtual positions at the time of mobilization and throughout the incident.
- Consider using agency personnel in non-operational roles to support the wildland fire missions.
- When possible reduce firefighter commitment to mop-up operations
- Ensure sufficient incident support staff (logistics, READS, AA representatives) is available.
- Engage with interagency partners on multijurisdictional incidents regarding consistent practices for COVID-19 management in the incident environment.
- Prepare WFDSS products that articulate how the incident strategy or courses of actions are influenced by COVID-19 avoidance/management factors.
- Because of mobility issues, clarify that responses will be geographic in nature, very local in some cases (e.g. forest, park, or statewide), and not necessarily agency-specific. Strong collaboration among interagency partners is vital to be successful within the response areas.
- Include objectives for IMTs to use non-traditional fire camps, spike camps, line spike activities, and virtual positions in an effort to support the "Module as One" concept which is to minimize exposure by not mixing personnel, e.g., same personnel assigned together for entire season, on same schedule, to same vehicle, on same assignments, in same camp, etc.
- All agencies within the GA with wildland fire responsibilities should consider relief for natural resources and other administrative assignments when possible to support wildland fire efforts.
- Due to public and firefighter health and safety, prioritize wildland fire agency responsibilities over resource and other administrative demands.
- Wildfire rehabilitation activities should follow same protocol and principles as wildfires to reduce employee exposure to Covid-19
- Use of wildland fire for resource benefits may also reduce exposure to firefighters, when this suppression strategy does not reduce initial and extended attack operations.
- Initial actions on unplanned wildland fires should focus on limiting the duration of the fire, reducing exposure to COVID-19 and long-term smoke exposure to the firefighters and public.
- Recognize limited capacity of smaller community's health systems and the impacts fire camps and other activities to those systems. Consider bringing in additional health care professional to boost local capacity.

Exposure Response

- Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus
- Implement team or local unit exposure response plan.
- When firefighters are demobed due to potential COVID-19 exposure or symptoms, inform the affected employee's Agency Administrator.
- Ensure staff follow through with tracing potential exposure and employee/cooperator notifications.

- If notified by employee or Health Department of positive COVID-19 test results Inform IC/IMT/Fire Management, without disclosing PII and in compliance with agency policy and HIPAA regulations.

Updated: 04/09/2020

Fire Management

The intent of this section is to provide suggested practices for Fire Managers and Duty Officers to consider.

Prevention

- Refer to Appendix A – All Fire Personnel Best Practices for COVID-19.
- Minimize cross module contamination and employee exposure potential. Avoid assigning "fill behind" firefighters to modules outside the local area. Consider limiting training assignments to within module or within the state / local area. Avoid mobilizing trainees outside of the state or geographic area with the exception of those rostered with Incident Management Teams (IMTs).
- Stagger responding modules to alternate closest force response as much as possible. Ensure interagency response is maintained to best create exposure resilience.
- Initial response and extended response shifts should emphasize and promote decontamination and individual care considerations.
- Update Staffing and Initial Attack Response Plans to incorporate local response mitigations. Consider the impacts of operating with 2 min. vs. 2 hr. response times if firefighters are working from home or in a virtual environment.

Incident Response

- Create suppression strategies to minimize assigned personnel and incident duration. Use predictive services and professional judgment to balance assigned resources and incident duration.
- Establish clear expectation of aggressive initial response to minimize possibility of large fire response requirements, including multiple start prioritization.
- Prioritize prevention patrol to deter and detect fires.
- Consider ordering and implementing a saturation patrol strategy when Public Service Announcements (PSAs) at high risk/probability of large fire growth.
- Minimize briefing size and limit face to face contact as much as possible. Consider if operational briefing can occur over radio during Initial Response. Limit face to face briefings to 10 leaders or less if possible.
- Decentralize Staging Areas to limit face to face contact with other modules.
- Consider the application of aviation and mechanized assets in the initial attack phase to reduce assigned personnel.
- Hold assigned modules on incidents overnight to minimize home exposure potential.
- Utilize line spike and small spike camps as much as possible.
- Build COVID-19 response and mitigation strategies into WFDSS and establish interagency response objectives during extended attack for incoming IMT's, using CDC and Health Authority practices to guide these strategies.

Exposure Response

Follow the most current direction from the Center of Disease Control and local health authorities. https://www.cdc.gov/coronavirus

- Ensure a local/agency plan for COVID-19 testing, treatment, isolation is adhered to during initial attack response.
- If cross module or cross agency COVID-19 transmittal occurs during fire response, work with partner agencies to investigate source and develop mitigation measures.

Updated: 04/09/2020

Appendix C – "Am I Fit Checklist" COVID-19

Am I Fit? checklist

1. Do I have a fever, cough or difficulty breathing?
2. Have I been exposed to anyone that has tested positive for COVID-19 or has exhibited fever, cough or difficulty breathing?
3. Do I have any underlying health or other issues that may place me in a high-risk category?
4. Have I over the last 14 days, traveled to countries or regions:
    a. Which are a Federal, state/tribal or local government acknowledged widespread, community outbreak of COVID-19 or
    b. To areas or counties which the Federal government has issued an active travel restriction or advisory, e.g., reconsider travel to, travel not recommended, only essential travel or do not travel.
    c. If so, should I be in a 14-day self-quarantine?
5. If either 1, 2, 3 or 4 is true report to your supervisor/COR prior to leaving and await their direction. Employees with high-risk exposures to COVID-19 (defined as exposure to a sick household member or intimate partner, or providing care in a household to a person with a confirmed case of COVID-19) may also need to be excluded from work until no longer at risk for becoming infectious to fellow employees or contractors.

Appendix D – Contact Lists

Name	***Position***	***Office Number***
Brian Achziger	RMCG Chair, State Fire Management Officer, BLM Colorado	1-303-239-3687
Mark Neely	RMCG Vice Chair, Fire Management Officer Kansas State	1-785-532-3314
Paul Hohn	RMCG, State Fire Management Officer, BLM Wyoming	1-307-775-6086
Mathew Holte	RMCG, State Fire Team Operations Leader, Nebraska State	1-402-472-6060
Raymond Hart	RMCG, Great Plains Regional Representative, BIA	1-605-226-7621
Bob Jones	RMCG, Rocky Mtn Regional Representative, BIA	1-406-247-7949
John Cervantes	RMCG, Southwest Regional Representative, BIA	1-505-563-3370
Vaughn Jones	RMCG, Chief, Colorado Division of Fire Prevention and Control	1-303-239-4665
Jay Lusher	RMCG, Fire Management Officer, NPS Intermountain Region	1-928-638-7921
Patrick Pearson	RMCG, Chief of Fire and Aviation, NPS Midwest Region	1-402-661-1754
Jay Esperance	RMCG, Director Division Wildland Fire, South Dakota	1-605-393-8011
Mike Haydon	RMCG, Regional Fire Management Coord/Aviation Mgr, FWS	1-303-236-8125
Brian Karchut	RMCG, Director Safety, Fire and Aviation, USFS Region 2	1-303-275-5736
Anthony Schultz	RMCG, Fire Management Officer, Wyoming State Forestry	1-307-777-3368
Dan Smith	RMCG NMAC Liaison, National Association of State Foresters	1-208-387-5653
Travis Hartsburg	RMCG Center Manager, RMACC Liaison, USFS	1-303-445-4302
Brooke Malcolm	RMCG Business Manager, USFW Mountain Prairie Region	1-303-445-4306
Dick Terry	Rocky Mtn Operations Committee Chair, WY State Forestry	1-307-340-0937
Clark Hammond	Regional Aviation Officer, USFS Region 2	1-303-275-5711
Jay MIckey	Deputy Regional Chief of Fire & Aviation, NPS Midwest Region	1-402-250-1233
Troy Hagen	POC, Assistant Director – Operations Fire & Aviation, USFS	1-303-445-4331
Vince Welbum	Aviation Unit Chief, Colorado DFPC	1-303-445-4362
Justin Jager	Regional Aviation Manger and Safety Spec., NPS Intermountain	1-928-266-5672
Chris Fallbeck	Assistant Fire Management Officer, Wyoming State Forestry	1-307-777-8017
Ray Bubb	Fire Management Officer, South Dakota State	1-605-393-8011
David Martin	BIA Regional Assistant Fire Management Officer	1-605-226-7621
Greg Reser	BLM Wyoming State Aviation Manager	1-307-775-6237
Anthony Schultz	Fire Management Officer, Wyoming State Forestry	1-307-777-3368
Dan Dallas	Rio Grande National Forest Supervisor (RMA ICT1)	1-719-852-5941
Jason Hartman	Kansas State Forester	1-785-532-3309
John Erixson	Nebraska State Forester	1-402-472-6601
Bill Casper	Wyoming State Forester	1-307-777-7586
Valerie Baca	USFS Director of External Affairs, Region 2	1-303-275-5118
Lawrence Lujan	USFS Regional Press Officer, Region 2	1-303-275-5356
Sheriff Garret	Colorado County Sheriffs Association	1-970-870-5501
Amy Nichols	Executive Director, County Sheriffs of Colorado	1-720-344-4609

Appendix E – Transportation

Listed below are some positive and negative concerns associated with different types of travel options during the COVID-19 pandemic

Pros	Cons
Contract (NICC) Jets	
• Personnel can be checked for symptoms prior to boarding as part of the manifest check. • Provides a controlled environment for tracking the movement of personnel. • Minimizes the exposure of personnel to the general traveling public. • Ability to reduce the number of crews on the flight to maintain social distancing. • Possibly easier to obtain emergency clearance of crews from State quarantine mandates. • In the event of a subsequent positive test result, it will be easier to identify personnel who need to be quarantined.	• More flights may be required to transport the crews if social distancing is required. • A subsequent positive test result may result in the quarantine of the entire jetload, possibly even the flight crew.
Commercial Air	
• More flights are available. • In the event of a positive test, only need to quarantine one crew.	• May possibly be more difficult to check personnel for symptoms if crew travels on different flights. • Greater exposure to the general population, leading to a greater possibility of exposure. • May not be able to avoid mandatory State quarantines upon arrival.
Agency Vehicles (IHC's, Engines, Modules, etc.)	
• Immediate mobilization response of resources. • Immediate availability for operational assignments.	• Assigned vehicle mix may not provide proper social distancing, requiring the assignment of additional agency vehicles or providing rental vehicles, delaying response. • Travel issues may arise, such as: lack of open restaurants, rest areas may be closed, difficulty of obtaining overnight lodging, possibly delaying response.
Contract Resources (Crews, Engines, Equipment, etc.)	
• Immediate mobilization response of resources. • Immediate availability for operational assignments	• Contractual vehicle mix may not provide proper social distancing, causing the addition of vehicles outside of the contract, possibly requiring the modification of the contract. May result in a delayed response. • Travel issues may arise, such as: lack of open restaurants, rest areas may be closed, difficulty of obtaining overnight lodging, possibly delaying response.

Pros	Cons
Contract Crew Buses	
• One vehicle per crew. • Ability to keep one crew assigned to a single bus. • No need to ensure that the crew has licensed drivers. • Bus operator responsible for cleaning and sanitizing the vehicle.	• May need two buses to maintain social distance. • In the event of a positive test, the whole crew will need to be quarantined, along with the bus operator.
Rental Vehicles	
• Better able to maintain social distancing. • In the event of a positive test, may reduce the number of personnel to be quarantined. • Better able to split the crew for operational assignments.	• Need at least one licensed driver for each vehicle. • Crew members are responsible for cleaning and sanitizing the vehicles. • May need additional vehicles to maintain social distancing.
Helicopters	
• May be the only way to transport crews to some locations.	• May need to clean and sanitize after each personnel flight. • In the event of a positive test, in addition to the crew, the helitack module and pilot may also need to be quarantined, requiring their replacement.
Boats	
• May be the only way to transport crews to some locations. • Use is not dependent on suitable weather for aviation.	• May need to clean and sanitize after each trip. • In the event of a positive test, in addition to the crew, the operator will also have to be quarantined, requiring a replacement.
Single/Twin Engine Planes (Twin Otter, etc.)	
• May be the only way to transport crews to some locations.	• May need to clean and sanitize after each trip. • In the event of a positive test, in addition to the crew, the pilot will also have to be quarantined, requiring a replacement.
Lowboys & Rental Vehicles	
• Transporting an engine on a lowboy while having the engine crew drive rental vehicles keeps the engine in service in the event a crewmember exhibits symptoms or has a positive test while enroute, isolating the whole crew.	• In the event that the lowboy operator becomes ill, the engine may be delayed in arriving.